Commonwealth of Kentucky
Court of Justice *www.courts.ky.gov*

KENTUCKY CITIZEN FOSTER CARE REVIEW BOARD VOLUNTEER APPLICATION

Date Reviewed: _____
Date CAN Check: _____
Date Record Checked: _____
Date Trained: _____
Date Appointed: _____

NAME: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ STATE: _____ ZIP: _____

WORK : _____ HOME: _____ CELL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

COUNTY IN WHICH YOU WISH TO SERVE: _____

CURRENT EMPLOYER: _____ FROM: _____ TO: _____

OCCUPATION: _____

VOLUNTEER EXPERIENCE: _____

The following questions are used to select a local board that is representative of the community. Answering them is optional.

RACE: _____CAUCASIAN
_____ASIAN
_____AFRICAN AMERICAN
_____OTHER
HISPANIC ___YES___NO

____MALE
____FEMALE

MARITAL STATUS:
____ SINGLE
____ MARRIED

FAMILY INCOME: ____LESS THAN $25,000
____$25,001-$40,000
____$40,001-$65,000
____OVER $65,000

HIGHEST LEVEL OF EDUCATION COMPLETED:
_____HIGH SCHOOL
_____BACHELORS DEGREE
_____MASTERS DEGREE
_____DOCTORATE

ARE YOU OR HAVE YOU BEEN A FOSTER PARENT? ____NO ____PRESENTLY AM ____FORMERLY WAS

ARE YOU AN ADOPTIVE PARENT? _____YES _____NO

HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY LAW (OTHER THAN TRAFFIC OFFENSES) OR ARE ANY LEGAL CHARGES PENDING AGAINST YOU?(Criminal record checks will be conducted) ___YES ___NO

IF YES, PLEASE LIST THE DATE, OFFENSE, DISPOSITION AND ANY CIRCUMSTANCES?

HAVE YOU EVER HAD A SUBSTANTIATION OF CHILD ABUSE OR NEGLECT?(Central Registry Checks will be conducted) ____YES _____NO

IF YES PLESE LIST THE DATE AND CIRCUMSTANCES?

ARE YOU AN EMPLOYEE OF THE CABINET FOR HEALTH AND FAMILY SERVICES (CHFS)? ___YES ___NO

EMPLOYEES OF THE CABINET ARE PROHIBITED FROM SERVING ON THE CITIZEN FOSTER CARE REVIEW BOARDS. LIKEWISE, BOARD MEMBERS WHO HAVE A CONFLICT OF INTEREST CANNOT PARTICIPATE IN SUCH REVIEWS. PLEASE DESCRIBE THE NATURE OF ANY OF YOUR CURRENT OR PREVIOUS CONTACTS WITH CHFS AND ANY POTENTIAL CONFLICT(S) OF INTEREST?

MARK THE DAYS AND TIMES THAT YOU ARE AVAILABLE TO ATTEND REVIEW BOARD MEETINGS.

___ MONDAY
___ TUESDAY
___ WEDNESDAY
___ THURSDAY
___ FRIDAY

___ MORNING
___ AFTERNOON
___ EVENING (AFTER 4:30 P.M.)

WHAT ARE YOUR REASONS FOR WANTING TO SERVE ON THE REVIEW BOARD?

HOW DID YOU HEAR ABOUT THE CITIZEN FOSTER CARE REVIEW BOARD PROGRAM?

ALL VOLUNTEERS MUST COMPLETE AN INITIAL SIX HOUR TRAINING SESSION BEFORE REVIEWING CASES. PLEASE INDICATE WHICH DATES AND TIMES ARE MOST CONVENIENT FOR YOU.

WEEKDAYS _____

WEEKENDS _____

THE CHFS FILE INFORMATION PERTAINING TO CHILDREN IN FOSTER CARE IS CONFIDENTIAL. AS A VOLUNTEER, YOU ARE REQUIRED TO TAKE AN OATH TO KEEP CONFIDENTIAL THE INFORMATION REVIEWED BY THE BOARD AND ITS ACTIONS AND RECOMMENDATIONS IN INDIVIDUAL CASES. VIOLATION OF THIS OATH WILL SUBJECT YOU TO PROSECUTION FOR THE MISDEMEANOR OFFENSE OF OFFICIAL MISCONDUCT OR FELONY OFFENSE OF MISUSE OF CONFIDENTIAL INFORMATION. AS A VOLUNTEER YOU ARE REQUIRED TO ATTEND THE SIX HOUR TRAINING SESSION. YOUR SIGNATURE BELOW INDICATES THAT YOU AGREE TO THESE REQUIREMENTS.

_____ SIGNATURE

_____ DATE

Print

Reset Form

Please complete the application and Central Registry Check. Return to:

Citizen Foster Care Review Board Program
Administrative Office of the Courts
100 Millcreek Park
Frankfort, KY 40601