



2701 SW Randolph Avenue · Topeka, Kansas 66611  
(785) 232-0597  
Fax: (785) 232-2097

### Volunteer Application Children's Services

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      (Maiden Name)

\_\_\_\_\_  
Street Address                      City/State                      Zip Code

\_\_\_\_\_  
Home Phone                      Business Phone                      Cell Phone

\_\_\_\_\_  
Date of Birth \_\_\_\_\_  
e-mail address \_\_\_\_\_

Education:  
High School: \_\_\_\_\_ College: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Home Phone                      Other Phone

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Professional Experiences: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Organizations affiliated with: \_\_\_\_\_

List any past experience with persons with developmental disabilities, senior citizens  
and/or children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list special interests and hobbies: \_\_\_\_\_

Do you have any relatives employed or receiving services at TARC?     Yes     No

If yes, please specify \_\_\_\_\_

Do you need any special accommodations that should be considered when determining your assignment? If so, please state what they are: \_\_\_\_\_

\_\_\_\_\_

Please check all areas of volunteerism that interest you:

\_\_\_\_\_ **Assistive Technology** (Tech Time-Monday & Tuesday 10:00-11:00)

\_\_\_\_\_ **Childcare – SPARKK** (2 Friday evenings a month 5:00-9:30)

\_\_\_\_\_ **Childcare – PACT** (3<sup>rd</sup> Thursday 9:30-11:30)

We seek a Security Clearance through the K.B.I., Adult/Child Protective Services & Kansas Dept of Health & Environment on all adult volunteers serving in direct support programs. The following information is requested to fulfill that requirement. All information obtained for the security clearance and the resulting information will be considered confidential.

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_

Have you ever committed or been confirmed for abuse, neglect or exploitation? \_\_\_\_\_

Are you a legal citizen of the United States? \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do you have a valid Kansas Driver's License? # \_\_\_\_\_ Exp date: \_\_\_\_\_

Have you ever been employed by TARC? \_\_\_\_\_ Dates of employment \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I understand that the above information will be considered confidential and that a security clearance will be sought through Kansas Bureau of Investigation, Adult Protective Services, Child Protective Services & Kansas Department of Health and Environment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_