



(location) 1010 N. Main  
 (mailing address) P. O. Box 670  
 Wichita, KS 67201  
 316-269-4160

# Volunteer Application

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
 First Name Last Name Middle

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Home Phone Work Phone Cell Phone

\_\_\_\_\_  
 Email address Date of Birth MM/DD/YY

In case of an emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
 Home Phone Work Phone Cell Phone

Your Faith Affiliation / Place of worship: \_\_\_\_\_

\_\_\_\_\_  
 Occupation Employer

Have you ever used the services of Breakthrough / Episcopal Social Services?

Yes  No If so, when? \_\_\_\_\_

How did you hear about the need for volunteers at Breakthrough/Episcopal Social Services?

- Church Newsletter/Bulletin  United Way Volunteer Center  Website  
 Friend/Relative (name: \_\_\_\_\_)  Newspaper  
 Volunteer Match Web Site: \_\_\_\_\_ Other: \_\_\_\_\_

Please list any previous volunteer experience: \_\_\_\_\_

Note your interests, hobbies, skills: \_\_\_\_\_

Medical conditions we should know about: \_\_\_\_\_

Breakthrough Program interest, if known:  Food Service/Kitchen  Representative Payee  
 Employment  Other \_\_\_\_\_

Breakthrough has many volunteer opportunities where you can make a difference. Our goal is to find the best match between your interests and availability and our current needs. Upon review of your application, staff will meet with you to discuss possible areas of service. At that time you will also need to complete the Volunteer Services Agreement and successfully pass the Kansas Bureau of Investigation background check.

Availability (*Please check each day of the week and time of day you are available to volunteer*)

Monday  Morning  Afternoon  
 Tuesday  Morning  Afternoon  
 Wednesday  Morning  Afternoon  
 Thursday  Morning  Afternoon  
 Friday  Morning  Afternoon

Date available to begin \_\_\_\_\_ Length of Commitment, if known \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If so, please explain the circumstances: \_\_\_\_\_

*Please list two complete references:*

**1**

\_\_\_\_\_  
 First Name Last Name  
 \_\_\_\_\_  
 Relationship to you Mailing Address  
 \_\_\_\_\_  
 City State Zip  
 \_\_\_\_\_  
 Home Phone Work Phone Cell Phone

**2**

\_\_\_\_\_  
 First Name Last Name  
 \_\_\_\_\_  
 Relationship to you Mailing Address  
 \_\_\_\_\_  
 City State Zip  
 \_\_\_\_\_  
 Home Phone Work Phone Cell Phone

\_\_\_\_\_  
 Applicant's Signature Date



Program making request: \_\_\_\_\_

Date of Request \_\_\_\_\_

Kansas Bureau of Investigation  
Kansas Central Repository

**MANUAL RECORD CHECK AUTHORIZATION and REQUEST**

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This page is used to provide identifying information for the person to be checked using a criminal history records search with the online service of the KBI Kansas Central Repository.

The FULL NAME and DATE OF BIRTH are mandatory fields as the record check cannot be completed without at least those two fields. Please include as much additional information as possible to ensure the best search is conducted. Note that each search permits the addition of one alias or maiden name.

This is not intended for requesting a CERTIFIED RECORD CHECK. To request a CERTIFIED RECORD CHECK, print the Certified Record Check Request Form found on the KBI Public Access web site at:

<http://www.kansas.gov/kbi/criminalhistory/forms/Record%20Check%20Form.pdf>.

**Identification of the individual to be searched:**

Full name: \_\_\_\_\_  
*Last Name First Name Middle Name (Jr. Sr. III)*

1<sup>st</sup> Alias/Maiden name: \_\_\_\_\_  
*Last Name First Name Middle Name (Jr. Sr. III)*

2<sup>nd</sup> Alias/Maiden name: \_\_\_\_\_  
*Last Name First Name Middle Name (Jr. Sr. III)*

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*MM/DD/YYYY*

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
*(City, State or Foreign Country)*

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Occupation: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Breakthrough agrees to limit disclosure of the information received to personnel who have a clear, distinct "need to know," and ensure that the information is used only for the purpose for which provided.