

**Episcopal Social Services
Venture House**

(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 Episcopal Social Services? Yes No

If so, when? _____

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

Church Newsletter/Bulletin United Way Volunteer Center ESS 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: _____

ESS Program interest, if known: Food Service/Kitchen Representative Payee

Other _____



Episcopal Social Services

Venture House

ESS Program making request: _____

Date of Request _____

Kansas Bureau of Investigation
Kansas Central Repository

MANUAL RECORD CHECK AUTHORIZATION and REQUEST

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)

1st Alias/Maiden name: _____
Last Name First Name Middle Name (Jr. Sr. III)

2nd 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: _____

ESS 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.