

Welcome Volunteer!

On behalf of Baptist Life Communities, I would like to welcome you to our Encourager Volunteer Program. As a volunteer, you bring needed resources of encouragement, friendship, and love to those who often feel abandoned, alone, and disheartened. I look forward to serving with you in this new journey as we extend the grace and mercy of Christ to all who will make **BLC** their place of refuge.

The first step is completing our volunteer application and background check. Please take a moment to download the documents from the link provided on our website and email the form to me. We are excited to join together on this journey of encouragement and engagement.

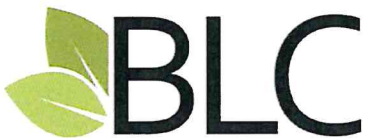
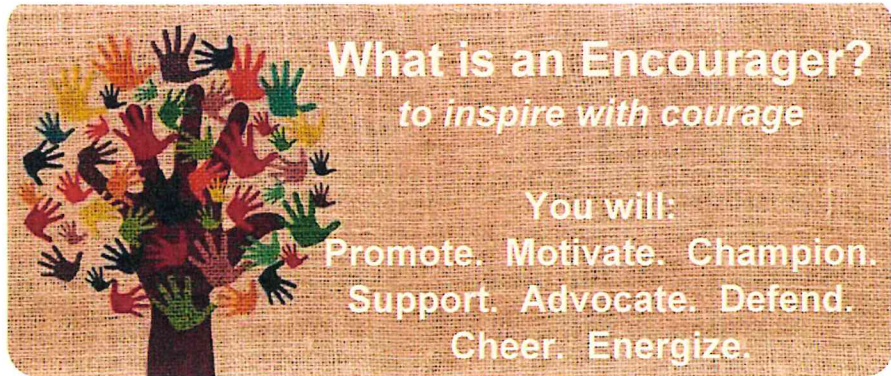
Once your application is processed I will be in touch to plug you in! Please feel free to contact me anytime. I look forward to serving with you.

Blessings,

Chaplain Ray

Chaplain Ray Coates, MDIV.PC, LMFT, BF-CMT
Director of Pastoral Care
Best Friends Certified Master Trainer
859-447-1121
rcoates@blcnky.com





Encourager Volunteer Application

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email Address _____

Contact in Case of Emergency/Relationship: _____

Phone Number of Emergency Contact _____

Please mark your availability below:

I can volunteer: ___ Morning ___ Afternoon ___ Evening ___ Weekend ___ Flexible

How often can you volunteer: _____ Weekly _____ Monthly

I am interested in volunteering for the following services:

_____ Encourager 1:1 program

_____ Church/Spiritual Activity

_____ Parties/Social Event/Games

_____ Other

Signature _____ Date _____

Signature of Guardian (if under 18 years old) _____





REQUEST FOR CONVICTION RECORDS/LONG-TERM CARE FACILITY

Pursuant to KRS 216.789 and/or KRS 216.793, Request is made for any record of conviction found in the files of the Kentucky centralized criminal history record information system regarding the person identified herein. This information shall be released to:

Baptist Life Communities, Attn: Chaplain Ray Coates, 3012 Riggs Ave., Erlanger, KY 41018

Agency Name and Address

ACKNOWLEDGMENT BY APPLICANT

I have applied for employment in a position at a long-term care facility as defined by KRS 216.535(1), or a nursing pool providing staff to a nursing facility, or assisted-living community, involving direct services to a resident or client. I am requesting that the Kentucky State Police provide the employer with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
 First Middle Last Maiden

ADDRESS: _____
 Street City State Zip

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SOC SEC NO: _____

Signature Date Witness Date

INSTRUCTIONS:

Requesting agencies should ensure that all application information is completed.

Requesting agencies should forward a check or money order made payable to the **Kentucky State Treasurer** in the amount of **\$20.00** for each submitted form. Requests should be accompanied by **two, self-addressed stamped envelopes** – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

The Kentucky State Police will charge a \$25.00 fee on each returned check.

RETURN THIS FORM TO:

Kentucky State Police
Criminal Identifications and Records Branch
Criminal Records Dissemination Section
1266 Louisville Road
Frankfort, KY 40601

Visit us online @ <http://kentuckystatepolice.org>

