

# Breakthrough House

Supporting Mental Health Recovery

## VOLUNTEER & STUDENT INFORMATION FORM

### EMPLOYEE INFORMATION

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

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Personal e-mail: \_\_\_\_\_

### PERSON TO CONTACT IN CASE OF EMERGENCY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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

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### FOR OFFICE USE ONLY

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☐ Full-Time ☐ Part-Time

☐ Student ☒ Volunteer

### SALARY/EMPLOYEE CLASSIFICATION

Position Title Receptionist

Date of Employment: \_\_\_\_\_ Department/House: Payee Dept

Work Schedule: \_\_\_\_\_  
(days and # hours per week)

Human Resource Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_

# Breakthrough House

Supporting Mental Health Recovery

8403 NW Lyman Road, Suite A • Topeka, KS 66608 • Tel (785)232-6807 • Fax (785)232-0751

## AUTHORIZATION FOR KBI RELEASE OF BACKGROUND INFORMATION

### PRINT CLEARLY

Identifying Code: 902KS3113

I hereby request and authorize the Kansas Bureau of Investigation and Intellisearch to furnish the above named company with criminal history information as described in K.S.A. 1985 Supp.22-470 (b). This includes all information defined with K.A.R.10-1-4 (b), (c), and (d).

I voluntarily waive all right of recourse and release you from liability for compliance with this authorization.

Full name: \_\_\_\_\_

Alias or Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

List **City and State(s)** You Have Lived In the Past (5) Five Years Other Than Kansas: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Additional Information: \_\_\_\_\_

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

KBI Response: \_\_\_\_\_

I, \_\_\_\_\_, give permission for the release of information concerning  
(PRINT Full Name)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)\* Amy Fultz - HR Director Phone 785-232-6807 x113

Agency name Breakthrough House, Inc.

Agency mailing address 403 NW Lyman Road, Suite A

Email address: Will return via Encrypted email unless marked otherwise afultz@breakthroughhouse.org

Maiden Name and/or Other Names Known By: \_\_\_\_\_

(PRINT ONLY)

Address: \_\_\_\_\_

Street

City

State

Zip Code

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
(mm/dd/yyyy)

☐ Male ☐ Female  
(mark one)

I understand that all information released will be for the exclusive and confidential use of the above named organization/person. I have read and understand this form and information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse, Neglect, Exploitation Central Registry each year while I am employed or associated with the above agency. ☐ Yes ☐ No

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

(An Ink Signature or a Verified E-Signature is Required for Processing)

(mm/dd/yyyy)

RETURN TO:

Email: DCF.APSRegistry@ks.gov

Mail: Office of Background Investigations

Adult Abuse Registry

P.O. Box 751043

Topeka, Kansas 66675

(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)

For Official Use Only: Mark in this area if PROHIBITED

For Official Use Only: Mark in this area if CLEARED