

Volunteer Form
Lighthouse Community Center After-School Program
5312 Shepherdsville Road

Name: _____

Address: _____

Street City State ZIP

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact #1: _____ Home phone _____

Cell Phone _____ Relationship _____

Emergency Contact #2: _____ Home phone _____

Cell Phone _____ Relationship _____

All volunteers must consent to a background check (see second page). Could you give us an hour or two? In which area and day would you like to volunteer? Elementary children arrive at the center around 4PM, Middle school children arrive around 3PM. **The Center operates Monday-Thursday (NO Fridays and closed when JCPS schools are also closed).**

Our Middle Schoolers' homework time is from 3:30-4:30PM. Homework checkers needed. Please indicate your day and time if you would like to do this: _____

Elementary homework time is from 4:30-5:30 PM. Please indicate your day and time if you would like to do this: _____

Activities Time is 5:30-6:30. If you would like to monitor in the gym, computer lab or game room, please indicate your day and time: _____

Please complete the back of this form, and send to 5312 Shepherdsville Road, 40228, call or email Dr. Ophelia Scott, Director, to volunteer: owatts@aol.com, 502-964-5909. Thank you and may God bless you!

LOUISVILLE METRO POLICE DEPARTMENT

768 Barret Avenue

Louisville, KY 40204

(502) 574-2050

Request for Inspection of Public Records of Individuals serving as Youth Leaders

The Lighthouse- A United Methodist Center, 5312 Shepherdsville Road, Louisville, KY, 40228 (502-964-5909) hereby requests a copy of the criminal records of:

NAME(Requestor)_____

ALIAS/MAIDEN NAME_____

STREET ADDRESS/PO BOX_____

CITY, STATE, ZIP CODE_____

DATE OF BIRTH_____

SOCIAL SECURITY NUMBER _____

I understand that these records may be obtained during regular business hours of the Records Bureau of the Louisville Metro Police Department. I further agree and understand that I may not remove any original copies of files from the premises of the Louisville Metro Police Department and that I may not obtain records specifically exempted by KRS 61 ET SEQ. I also understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100 I have provided the basic information necessary to qualify for record processing.

_____ (Requestor) Date: _____