



**APPLICATION FOR VOLUNTEER SERVICE**

**I. PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Cell \_\_\_\_\_ Pager \_\_\_\_\_ FAX \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

**II. SKILLS AND INTERESTS**

Education \_\_\_\_\_

\_\_\_\_\_

Hobbies, Interests, Skills \_\_\_\_\_

Work Experience \_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

\_\_\_\_\_



**IV. REFERENCES** *(Continued)*

2. **Name** \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

3. **Name** \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

**V. PERMISSION TO PERFORM BACKGROUND SCREENING**

All direct service volunteers are required to undergo a background screening that includes a criminal history and a check of the National Sex Offender Registry. This kind of background screening is typically the only information Safe Places will seek when engaging your volunteer service. Other types of screening, as indicated in the next paragraph, are done only under special circumstances.

I hereby allow Safe Places / The Center for Healing and Hope to perform a check of my background including: criminal record, driving record, past employment/volunteer history, educational, professional status, personal references, physician or therapist assessments, and references from other persons or sources as appropriate for the volunteer jobs in which I have interest. I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration from some types of volunteer work.

I understand that information collected through this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information will be kept confidential. I also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer work and other information, as they deem appropriate.

The following **Background Check Application Form** must be completed and signed in two places before the criminal history screening can be completed. Volunteers who wish to defray the cost of their screening may contribute \$10. No person is discouraged from volunteering if they do not wish to provide this \$10 contribution

***Please return this form to:***

Safe Places  
1609 Broadway  
Little Rock, AR 72206

***For more information on volunteer service, call 501-374-7233.***

**Background Screening Consultants ■ 650 W Lake St. / Suite 650 / Chicago / IL / 60661 ■ 312.985.5010 / Fax 312.985.5014**

**Applicant Background Release Form**

**Applicant Name**

First Name	Middle	Last Name (Include hyphenated names)

  

Social Security Number	Date of Birth	Driver's License / State ID #	State of Issuance

  

**Current Address**

Street	City	State	Zip Code	

  

**Previous Address**

Street	City	State	Zip Code	

  

**Previous Address**

Street	City	State	Zip Code	

**AUTHORIZATION**

I hereby consent and authorize Franciscan Renewal Center, its' affiliates, and its' agents, Background Screening Consultants, LLC to secure information pertaining to my character and background. I understand that the information supplied by me can be utilized in conducting a comprehensive background investigation. An investigative consumer report may be prepared concerning my character, general reputation, personal characteristics, and mode of living. This investigation may include, but may not be limited to; a criminal record search, a social security number verification, an employment consumer credit history, a motor vehicle driving record history, past employment verifications, educational and professional reference verifications, national security watch list database research, pre-employment and random drug testing, as well as the confirmation of any information supplied by me on this or any Franciscan Renewal Center application form. These reports may be obtained at any time after receipt of your authorization and throughout your time of employment. I release from liability any and all persons, companies, and corporations that supply information regarding my history as a result of this investigation. I understand that any information discovered is done so through human intelligence sources, electronic databases, interviews and on-site public record research. I further release and indemnify Franciscan Renewal Center, its affiliates, and its agents, Background Screening Consultants LLC against any liability that may result from conducting this investigation.

Applicant Phone #: _____
Email address: _____

\_\_\_\_\_  
**Signature of Applicant**                      **Date**

**Candidate Questionnaire (Please Note: This Is NOT a Job Application)**

*Please fully answer the following questions in order to expedite the screening process. All information must be legible and accurate.*

**Have you used another name for work or school? If yes, please provide below.**

First Name	Last Name (Include hyphenated names)	Dates of Use

**Please describe below the circumstances of alternate name use.**

  

**Have you ever been convicted of or pleaded guilty to any felonies or misdemeanors in the last 7 years?**  
 YES     NO

Year of Offense	Description of Offense	City & State of the offense

\_\_\_\_\_  
**Signature of Applicant**                      **Date**