



APPLICATION

Name: _____ Date: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Emergency Contact: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

How much time can you commit to volunteering? Hours per week: _____ Hours per Month: _____

When are you available?

Mornings _____ Afternoons _____ Evenings _____ Weekends _____ Overnight _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

What opportunities you are interested in:

Volunteer Coordinator _____ Events Committee Member _____ Day of Event Support _____ Internships _____ Baby Barn

Team _____ Administrative Support _____ Encourager _____

Buildings & Grounds Support _____ House Maintenance _____ Labor Coach _____ Mentor _____

House Mom Relief _____ Class Instructor Assistant _____ Community Partnership Classes _____

Culinary Team _____ Baby Cuddlers _____ Game Night Host _____ Donation Sorting _____ Fundraising _____

What skills and talents can you contribute to Compassion House? _____

Please provide one personal reference we may call who are NOT family:

Name: _____ Contact Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you have any prior criminal convictions or offenses? Y/N If yes, please explain: _____

Do you consent to a background check Y/N?

**We do ask that you cover the \$11 fee for your background check.
Please send a check or money order made out to Compassion House**

How did you hear about Compassion House ministries? _____

Anyone that will be driving any residents must have a copy of their insurance card and driver's license on file in the office. A driving record may also be obtained when your background check is ran.

Do you have a valid Driver's License? Y/N License State and Number: _____

Do you have reliable transportation? Y/N Vehicle Year/Make/Model: _____

License Plate Number and State: _____

Car Insurance Company: _____ Policy #: _____

Applicant Statement

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have not withheld anything that if disclosed, would affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude me from being considered for volunteer service or, after my service begins, may be cause for termination.

I expressly authorize, without reservation, the organization, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information and to provide any information they may have regarding my character and fitness to serve Compassion Ministries Ltd.

I hereby waive any and all rights and claims I may have regarding the organization, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the interview and background check process and all other persons, corporations or organizations for furnishing such information about me.

I also acknowledge that the Compassion Ministries Ltd. has not arranged and does not provide me with accident or medical insurance for my benefit and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to wages, employee benefits, and neither covered by Worker's Compensation as a result of my volunteer affiliation. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

In consideration of me being allowed to participate in the volunteer service, I agree to release, indemnify and hold harmless Compassion Ministries Ltd., including its present and former Board, officers, directors, employees, agents and participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of Compassion Ministries Ltd. persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon Compassion Ministries Ltd. facilities or property during my participation in the volunteer service.

I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or Compassion Ministries Ltd. the right to terminate my volunteer service at any time without liability or obligation.

I understand that the Compassion Ministries Ltd. takes any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation.

I understand that this document is a contract which grants certain rights to and eliminates the liability of the Compassion Ministries Ltd. I hereby acknowledge that I have read and understood the above statements and that I voluntarily sign this application of my own accord and as a condition of being allowed to participate with my volunteer service. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.

Applicant Signature: _____ Date: _____

Thank you for interest and applying to volunteer your time to Compassion Ministries Ltd. Once you have completed your application and had your background check notarized, please return it by mail or email. We will contact you to set up an in-person interview. Or contact our office at 479-419-9100 to set up a time to drop it off in person. If you have any questions or need further assistance, please let us know

Compassion House
Attn: Volunteer Services
P.O. Box 1876
Springdale, AR 72765



Compassion House - Indirect Volunteer Descriptions

We are so grateful that you would like to volunteer with Compassion House!

Indirect Service Opportunities:

Volunteer Coordinator - We are looking for a special person who can help track, manage, and coordinate all our volunteers.

Events Committee Member - Compassion House hosts several fundraising events throughout the year, and we need strong committees to make these happen. Committee members help with the planning and leading of various aspects of each event's specific needs such as, registration, silent/live auctions, entertainment, food planning, venue planning, theme/décor, marketing, setup/teardown, volunteer recruitment, etc. If you have a love for event planning or support, we would love to have your help!

Day of Event Support - If you or your team would like to help at our events on the day of or setup or teardown, we always have needs for individuals or groups who have the heart to serve in various roles from our registration team, auction team, route setup, etc. We would love to find a way to partner with you for our events!

Baby Barn Team - If you have a love for retail, organization, and resources this volunteer role is for you! Our baby barn is setup to help our moms get the resources they need for their new babies. They earn Compassion Cash to "buy" items for their growing family like diapers, high chairs, clothing, and supplies. Our volunteers help organize and sort items in the Baby Barn, be there to help our moms shop, and make sure they have a wonderful experience.

Administrative Support - If you have the gift of organization and administration, we always need help with administrative tasks from filing, data entry, sending out thank you cards, answering phones, and assisting our Case Managers and Directors with various office projects and tasks.

Internships - We have various internships available for college students who would like to expand their knowledge in the fields of case management, social work, marketing & communication, grant writing and business.

Buildings & Grounds Support - Serve in various roles of maintaining different groundskeeping from mowing, landscaping, pest control, handy man services, etc.

House Maintenance - Serve in various roles of maintaining the different house upkeep needs from changing light bulbs and batteries, replacing flooring, rearranging furniture, maintenance on appliances, deep cleaning, etc.

Encouragers - Our Encouragers help in various ways from assembling welcome baskets for our new moms when they arrive that include hygiene products (we provide items), to sending them encouraging notes throughout the year, helping host birthday parties and Mother's Day events or other holiday themed ideas, to helping with transportation. This role is for people who like to encourage and show compassion to our moms and their babies.



Compassion House - Direct Volunteer Descriptions

We are so grateful that you would like to volunteer with Compassion House!

Direct Service Opportunities:

Labor Coach - Be matched with a resident to provide 1:1 guidance and support during and after pregnancy. Below are some of the basic expectations of our Labor Coaches:

- Hosting a baby shower.
- Accompany the resident to all prenatal/postpartum appointments.
- Ensure that all the resident's questions to medical professionals are answered and understood
- Relay medical information back to staff.
- You are the primary attendant during labor and delivery
- Be present at the medical facility during the resident's entire stay after delivery.

Mentor - Provide guidance, encouragement, and support to a resident. Below are some of the basic expectations of our Mentors. We are passionate about supporting our mentors throughout their experience by providing trainings, workshops, and ongoing communication with our staff.

- Commit to meet with her regularly (2-4 hours a month on average)
- Establish trust and maintain confidentiality
- Provide guidance and encouragement
- Identify learning opportunities for her
- Expose her to new ideas
- Provide helpful resources
- Share personal experiences and perspective

House Mom Relief - Aid House Moms with household duties such as:

- Supervising residents
- Taking residents to appointments
- Babysitting newborns
- Basic household care
- Ensure house rules are being followed

Class Instructor Assistant - Assist the Education Director in providing educational guidance, encouragement, and support to the residents. Below are some of the basic expectations of our Class Instructor Assistants:

- Assisting the residents with school/personal growth assignments
- Tutoring in particular subjects where growth is needed
- Encourage engaged participation
- Provide feedback to the Education Director with potential growth opportunities

Community Partnership Classes - We would like to connect with professionals and organizations within the community that can assist the residents achieve their goals to successfully complete the program, as well as prepare them for life after Compassion House as they enter adulthood. Below are a few examples. If you believe you could offer any other beneficial classes, please let us know on your volunteer application.

- Financial Literacy
- Relationships
- Parenting
- Healthy Living/Cooking
- Conflict resolution
- Etiquette

Culinary Team - Assist the Nutrition & Farm Director teaching the residents healthy culinary habits including education and skills in maintaining the kitchen. Or by providing meals to the residents. Below are some things that are needed

- Help the Nutrition & Farm Director create weekly menus
- Help the residents with meal preparations
- Organize and clean food storage areas

Baby Cuddlers - All babies need to be held and cuddled in order to thrive. Our residents have school/work obligations and our staff are often busy with other duties. There are several times throughout the week we need an extra set of hands or two. Below is what is expected from our Baby Cuddlers

- Talking, singing, and reading to the baby
- Feeding and changing diapers as needed
- Provide loving and soothing cuddles
- Inform staff of any concerns related to the baby's behavior

If you believe can provide the residents of Compassion House, or their children with additional support that is not listed in the service opportunities, please let us know how you would like to serve on your volunteer application



Labor Coach: Serves as the advocate for all birthing related issues and Provide 1:1 guidance, encouragement, and support to a resident, throughout her prenatal, delivery, and postpartum care. Hosts the baby shower/Gender reveal

- **Commit to attend every scheduled doctor's appointment**
 - Weeks 4 to 28 of pregnancy. Go for one checkup every 4 weeks (once a month).
 - Weeks 28 to 36 of pregnancy. Go for one checkup every 2 weeks (twice a month).
 - Weeks 36 to 41 of pregnancy. Go for one checkup every week (once a week).
- **Commit to stay with the resident for the entire hospital stay during and after the birthing process.**
- **Establish trust and maintain confidentiality**
- **Provide guidance and encouragement**
- **Share personal experiences and perspective**

Expectations -

Labor coaches have a special role in being the advocate for each young mother they coach during the birthing process. This means attending and transporting the resident to and from all doctor's appointments, asking questions, helping the resident learn how to fill out paperwork at the doctor's office, relaying necessary information back to the staff, etc.

As a labor coach you will help residents create a birthing plan and understand what's each young mom wants when it comes to the birth of their child - who do they want in the room, what type of medications, etc.

Labor coaches will stay with their young mom the entire duration of labor and delivery, until they and their child has been medically released. The Labor Coach will be the advocate for the mom and help her through labor. They will relay the residents wishes to family, doctors, and nurses.

Labor coaches help prepare mom with what to expect for labor, take a tour of the hospital, teach them how to breathe, and attend necessary birthing classes, etc.

Labor coaches get to plan the baby shower, and are given a \$50 gift card to put towards the cost of the shower. If the mom wishes to have a gender reveal party the labor coach can also plan that party, however it will be at the cost of the mom or at the labor coach. Compassion House does not cover the cost of

gender reveal parties. Compassion House does have basic party supplies that may be used.

We ask that you try not to cancel appointments with the moms because most of our young women have experienced many losses and traumas. If you are unsure of your availability in taking a mom to their appointment, we ask that you communicate that as soon as possible with the staff so we can make other arrangements.

We ask that you maintain confidentiality of all the residents, and privacy issues that staff discuss with you in regard to their case plans.

We ask that you help encourage the residents with their case goals.

We do not ask Labor Coaches to spend a lot of money or personal physical/financial resources on the residents. Please do not give money, this is enabling behavior. We ask that if a resident asks you for money, clothing, or any other items that you redirect them to a staff member.

If you would like to purchase an item or a gift every now and again that is fine - **We just ask that it not be excessive or extravagant.** Not all volunteers will be purchasing items for their moms. We want there to be a level of fairness among all relationships.

We ask that your time with the residents contain a faith component. We will let this be unique to your relationship, but we suggest praying before meals/coffee, or sharing how God has worked in your life, etc. We want our young women to see life change in a gentle and nurturing way.

Do not let the residents use your phones to call family, friends or to check social media.

Do not contact family members unless staff has been informed – many of our residents have no contact orders.

Remember –

If you have questions – contact staff – We are here to help guide you. Being a Labor Coach is a big commitment and you are a valuable asset to our team. Let us help you! We will provide quarterly trainings gatherings, potlucks, etc. to continue strengthening those bonds with your resident.

Key Contacts –

<u>Jennifer Samuel -</u>	<u>Executive Director -</u>	<u>501-786-0473</u>
<u>Christina Alleman -</u>	<u>Assistant Director -</u>	<u>479-250-2232</u>
<u>Crystal Widger -</u>	<u>Executive Coordinator -</u>	<u>479-899-7783</u>
<u>Renee Carr -</u>	<u>Lead House Mom -</u>	<u>479-530-3844</u>



Mentor: Providing guidance, encouragement, and support to a resident. Below are some of the basic expectations of our mentors. We are passionate about supporting our mentors throughout their experience by providing trainings, workshops, and ongoing communication with our staff.

- Commit to meet with her regularly (2-4 hours a month on average)
- Establish trust and maintain confidentiality
- Provide guidance and encouragement
- Identify learning opportunities for her
- Expose her to new ideas
- Share personal experiences and perspective
- Pick up and have dinner after school (once a week)

Expectations -

Mentors will meet weekly or at minimum biweekly with their assigned resident. The goal of this relationship is to help build a healthy support network for each resident and let them know they have a dependable person that wants to engage on a regular basis. Many of our residents have never had people show up for them regularly.

We ask that you try not to cancel appointments with the residents because most of our young women have experienced many losses and traumas. If you are unsure of your availability, we ask that you wait to schedule until, you are sure.

We ask that you maintain confidentiality of the residence, and privacy issues that staff discusses with you in regard to their case plans.

We ask that you help encourage the residents with their case goals.

We do not ask mentors to spend a lot of money or personal physical/financial resources on the mentees. Please do not give money, this is enabling behavior.

We ask that if a resident asks you for money, clothing, or any other items that you redirect them to a staff member.

If you would like to purchase her an item or a gift every now and again that is fine - **We just ask that it not be excessive or extravagant.** Not all mentors will be purchasing items for their mentees. We want there to be a level of fairness among all mentor relationships.

We ask that your time with the residents contain a faith component. We will let this be unique to your relationship, but we suggest praying before meals/coffee, or sharing how God has worked in your life, etc. We want our young women to see life change in a gentle and nurturing way.

Do not let the residents use your phones to call family, friends or to check social media.

Do not contact family members unless staff has been informed – many of our residents have no contact orders.

Suggested Activities –

- Go on a walk – inside or outside! All of our residents need to be walking 3 to 5 times a week.
- Grab a coffee or tea! Talk about life.
- Do a devotional or Bible study!
- Make a baby registry!
- Work on a budget!
- Apply for jobs or work on a resume/interviewing skills
- Invite them over for a family dinner or lunch. Let them feel like they are a part of the family
- Go on a picnic
- Go to the museum or a play!
- Take them for a haircut. (We have free resources)
- Make Christmas ornaments or Christmas cards.
- Make a meal or bake cookies
- Crafting – scrapbook, knitting, crochet, painting, drawing, etc.
- Go swimming at the Jones Center.

Remember –

If you have questions – contact staff – We are here to help guide you.

Mentor relationships are for life – this is a big commitment and you are a valuable asset to our team. Let us help you! We will provide quarterly trainings gatherings, potlucks, etc. to continue strengthening those bonds with your mentees.

Key Contacts –

<u>Jennifer Samuel -</u>	<u>Executive Director -</u>	<u>501-786-0473</u>
<u>Christina Alleman -</u>	<u>Assistant Director -</u>	<u>479-250-2232</u>
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<u>Renee Carr -</u>	<u>Lead House Mom -</u>	<u>479-530-3844</u>



CODE OF CONDUCT

It is our expectation that all volunteers work with the staff to help guide, nurture, and empower the young women in their spiritual, emotional, physical and mental development during their journey here at Compassion House.

Below are a few considerations that we ask you to take into account as you work alongside our young women – many of whom are minors and may have experienced a tremendous amount of trauma in their past.

1. Promote Safety, Wellbeing, & Growth (Spiritual, Emotional, Mental, & Physical)

- **Physical contact**: You will fill a niche that lies somewhere between professional and kinship and are thus afforded greater latitude in what constitutes appropriate boundaries. For our residents, many of them have lacked appropriate boundaries with friends and family, and do not have healthy support systems. Many residents have been victims of some form of abuse, and are having to learn the differences between good touch and bad touch. Keeping this in mind, we ask you to be cognizant of boundaries in regards to physical touch. While some residents are okay with hugs, others may prefer a high five or side hug. We ask that you keep in mind some of these barriers as you volunteer. Before you reach out for an embrace whether it be one of our young women or their children ALWAYS ASK if you can touch them. If they say no respect the answer you are given.
- **Your role**: You should avoid entering into any relationship with a resident if such a relationship might interfere with your objectivity or ability to work effectively in your role, or might harm or exploit the resident.
- At times you may find yourself encroaching on the territory of professionals already in the resident's life (e.g., tutors, therapists, juvenile probation officers etc.). You should be mindful of situations that would be better handled by one of those professionals and should suggest that they take their concerns to the correct professional and/or resident staff.

2. Be Trustworthy and Responsible (Fidelity and Responsibility)

- For volunteers, this involves being aware of one's responsibilities for meeting frequency and match duration, as stipulated by the program. This type of consistency and reliability, which has been associated with more positive outcomes for youth participants serves as a cornerstone for trust in the relationship. Trust, in turn, is considered a key component of effective mentoring relationships. Mentees have reported that honesty, keeping promises and relationship longevity underlie trust.
- Unfortunately, as many as half of volunteer relationships end prematurely, most often at the request of the volunteer. Some premature endings are unavoidable but, all too often, relationships come to a heartbreaking end when a mentor drops the ball and does not contact the resident or Compassion House to provide an explanation. This is especially concerning in light of evidence that early terminations can lead to decrements in youth functioning. Pre-match training on this topic is especially critical, as volunteers may not be aware of the influence they have had or how the termination will be interpreted in the eyes of the resident.

3. Act with Integrity

- Volunteers are to be thoughtful and forthright about the commitments (i.e., time, financial) to the relationship and to avoid setting up false expectations. You will play an important role in the lives of the young women and their children of Compassion House. If you make plans, you will be expected to keep those plans to the best of your ability. Even minor disappointments and tardiness can accumulate in ways that erode trust and closeness with the residents and staff. You are expected to bear the greater responsibility for finding ways to effectively and consistently communicate with the residents, to honor plans and commitments made and to seek guidance and consultation from Compassion House staff should you find that you are unable to keep your commitment.
- Volunteers will conduct themselves with integrity and will be respectful of customs and regularities and will not act in ways contrary to our ethics.
- We ask that volunteers do not have any interactions with the resident's friends and family. (Not including face to face pleasantries) Doing so could result in termination with your relationship with Compassion House
- We ask volunteers to use common sense and consider our mission statement when it comes to working with the residents, remembering that this is a Christ-centered organization. Cursing, use of alcohol, tobacco, weapons, etc. is not appropriate. We also ask that volunteers refrain from discussing pregnancy options (i.e., If a resident discloses, they want are strongly considering abortion or adoption – this needs to be brought to staff, so we can offer them the appropriate resources). While we want all volunteers to share their experience, strength, and hope we also encourage that every child has a purpose and we ask you work with us as a team for these types of situations.
- We ask volunteers to never discuss staff or other residents with their mentee.

Finally, if a resident requests anything from you, it must be reviewed and approved by a staff member. If you are unsure, it is your duty as the adult to inquire.

Signature

Date



Child Maltreatment Mandated Reporter Policies and Procedures

Rationale

It is both the duty and the goal of Compassion House to provide a safe, nurturing and loving environment in which residents feel safe. The policies and procedures contained in this section address the behaviors not tolerated by staff or volunteers towards residents or residents towards each other. Compassion House will not encourage or enable contact with, or the return of a resident to an abuser or an abusive situation. Further, the manner in which the reporting of known abuse is to occur is herein outlined.

Policies

1. At no time is Compassion House staff, volunteers, or any other representatives thereof, to exploit, otherwise abuse, or neglect a resident for any reason.
2. At no time is Compassion House staff, volunteers, or any other representatives thereof, to knowingly allow or sanction the exploitation or any type of abuse of a resident by another resident or any other party.
3. Compassion House will not require a resident to publicly acknowledge dependency, destitution, neglect, or other statements about her background.
4. Compassion house will not use or allow to be used, any reports, pictures, or any other information from which a resident can be identified, except under the following conditions:
 - a) As necessary, the resident and parent or guardian sign a consent form that outlines the proposal for which the identification is being made.
 - b) The signed consent will state in which publication or broadcast the identification will appear.
 - c) The parent or guardian and resident will be informed that the consent may be withdrawn at any time.
5. All information regarding residents and their families will be kept strictly confidential and may only be released without the consent of the resident, parent, or guardian only to authorized persons or agencies
6. All Compassion House staff, volunteers, and any other representatives thereof, are mandatory reporters of suspected abuse.

Procedures

1. All staff members, volunteers, or any other representatives thereof, will be trained regarding the expectations of mandatory reporters.
2. If a staff member, volunteer, or any other representatives thereof, has any reason to believe a resident is being exploited that person is responsible for:
 - a) Notifying the Executive Director.
 - b) Contacting the child abuse hotline.
 - c) Completing an incident report form.

Signature

Date



**Arkansas Department of Human Services
Division of Children and Family Services
REQUEST FOR CHILD MALTREATMENT CENTRAL REGISTRY CHECK**

THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED.

TYPE OF APPLICANT:

DHS Employee/Applicant [Division: _____] Foster Parent Legal Custodian Adoptive Parent Provisional Foster Parent

Foster Family Support System (FFSS) for: _____
Name of Foster Family whom FFSS will support

Other (This request will be processed for a fee of \$10 made payable by check or money order to DHS. We do not accept cash. This fee may be waived for non-profits who provide proof of 501(c)(3) status. Allow 7-10 business days for processing.)

This information should be addressed to:

Christina Alleman / Assistant Director

Compassion House

Name/Title (print)

Organization Requesting the Report

6045 Elm Springs Road

Springdale, AR 72762

(479)419-9100

Address (physical)

Telephone #

Fax #

P.O. Box 1876

Springdale, AR 72765

Address (provide mailing, if different than physical)

Name of Applicant: _____ Maiden Name/Other Names Used: _____ Race: _____ Sex: _____ Age/DOB: _____ / _____ SSN: _____

Present Address: (since _____, _____) _____

Previous Addresses (from the last six years):

1) _____ 2) _____

 From _____ to _____ From _____ to _____

3) _____ 4) _____

 From _____ to _____ From _____ to _____

Cities and States of Employment (outside of Arkansas) for last six years:

1) _____ 2) _____

 From _____ to _____ From _____ to _____

3) _____

From _____ to _____

4) _____

From _____ to _____

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: _____
DOB/Age: _____ / _____
Relationship: _____
SS# (if known): _____

Full Name: _____
DOB/Age: _____ / _____
Relationship: _____
SS# (if known): _____

Full Name: _____
DOB/Age: _____ / _____
Relationship: _____
SS# (if known): _____

Full Name: _____
DOB/Age: _____ / _____
Relationship: _____
SS# (if known): _____

THE FOLLOWING IS TO BE COMPLETED ONLY WITH A NOTARY

I, _____ verify that the information above is true and complete. I authorize the Arkansas Child Maltreatment Central Registry to release any information their files may contain concerning me as an offender of a true report of child maltreatment.

Signature of Applicant

Date

County of _____ State of Arkansas

Acknowledged before me, this _____ day of _____, _____

Notary Public

My commission expires: _____

THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY

The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date _____

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

Information Found

Examiner's Signature and Date _____

Child Maltreatment Central Registry
Slot S 566
P O Box 1437
Little Rock AR 72203



ARKANSAS STATE POLICE

ASP-122VOL
(Eff. 08/11/2021)

Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY

Procedure for obtaining a Criminal History Check for:

Adam Walsh Act – Public Law 109-248;
Serve America Act – Public Law 111-13; or
Other Volunteer – AR Code §12-12-1607

INSTRUCTIONS

1. If **only an Arkansas background check** is requested, include a properly completed **ASP 122VOL** request form and a check or money order in the amount of **\$10.00** made payable to the Arkansas State Police. **DO NOT SEND CASH.** A fingerprint card is NOT required if only the Arkansas background check is requested. The results of the Arkansas background check will be sent to the person/entity as specified on this form.
2. If **both an Arkansas and an FBI check** are requested, include a properly completed **ASP 122VOL** request form and a check or money order in the amount of **\$21.25**, made payable to the Arkansas State Police. **DO NOT SEND CASH.** A payment confirmation page will be returned with the transaction number needed to then get live scan fingerprints. The fingerprints that are submitted will be used to check the Arkansas and FBI criminal history records. If you are not a government entity, you will need to **file a list of criminal offenses with ASP ID Bureau for which a conviction would disqualify a person from volunteering with your agency/entity.** *(The detailed FBI results will not be released to a non-governmental volunteer agency.)*
3. The subject of the criminal records search may challenge the completeness or accuracy of the criminal history information by using the procedures as outlined in Title 28, Code of Federal Regulation (CFR) Section 16.34 and/or Arkansas Code Ann. §12-12-1013.
4. If the request is made by mail, an envelope properly addressed to the person/entity to whom the background check will be released, as specified on this form, with sufficient return postage must be included.
5. Send properly completed request form, envelope, fingerprints (if FBI check is requested), and proper payment to:

**Arkansas State Police
Identification Bureau
1 State Police Plaza Drive
Little Rock, AR 72209**

To contact the Arkansas State Police ID Bureau, you may call **501-618-8500.**

SEE OTHER SIDE FOR REQUEST FORM



ARKANSAS STATE POLICE

ASP-122VOL
(Eff. 08/11/2021)

Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY

- Select One: Adam Walsh Act - Public Law 109-248
 Serve America Act - Public Law 111-13
 Other Volunteer AR Code §12-12-160

 Last Name First Name Middle Name Jr./Sr./III

Daytime Phone #: _____

List **ALL** other names ever used (married, maiden, shortened, etc.)

Date of Birth: _____ State of Birth: _____ Citizenship: _____
 (Month/Day/Year)

Sex: _____ Race: _____ Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____ Social Security #: _____

Driver's License #: _____
 (DL State)

Mailing Address: _____
 Street/P.O. Box

 City State Zip Code

APPLICANT RECORD NOTIFICATION

Notification: Fingerprints submitted will be used to check the criminal history records of the FBI.

Obtaining Copy: Procedures for obtaining a copy of the FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR) Section 16.30 - 16.33 or on the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

Privacy Act Statement: (This privacy act statement is located on the back of the FD-258 fingerprint card.)

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I give my consent for the Arkansas State Police to conduct an Arkansas (and if fingerprints are submitted, an FBI) criminal record search on myself and to release any results to the following person or entity:

Release to: Christina Alleman / Assistant Director (479) 419-9100
 (First/MI/Last Name) OR Full Name of Agency Phone Number

Email Address: Christina.CompassionHouse@gmail.com
 (Email address for person/entity this is being released to)

Mailing Address: P.O. Box 1876
 Street/P.O. Box

Springdale Arkansas 72765
 City State Zip Code

Subject of Record Signature: _____ Date: _____
 (First/MI/Last Name) (Month/Day/Year)

BELOW FOR OFFICE USE ONLY

- 82002 Volunteer State Record Check (\$10.00) 80006 Volunteer FBI Record Check (\$2.00) 80020 Volunteer FBI Record Check (\$9.25)

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