



Volunteer Application

Name: _____ DOB: _____

All applicants must show a PHOTO ID at time of registration –
Form must be filled out completely – incomplete forms will be returned
PLEASE PRINT CLEARLY

Volunteer Status (please check one):

Last Name: _____ First Name: _____ MI: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home#: _____

Mobile#: _____ Circle one: Male Female

Email: _____

Employer/School: _____

Emergency Contact: _____

Emergency Contact#: _____

Social Security #: _____ Date of Birth: _____

Drivers License#: _____ Issuing State: _____

****This section to be completed if applicant is 17 years old or younger. Non-family references required****

1. Name _____

Address _____

City/State/Zip _____ Home# _____

Work# _____ 2. Name _____

Address _____ City/State/

Zip _____ Home# _____ Work# _____

Questions 1-6 must be answered:

1. Do you use illegal drugs?
2. Have you ever been convicted of a criminal offense?
3. Have you ever been criminally charged with neglect, abuse or assault?
4. Has your driver's license ever been suspended or revoked in any state or other jurisdiction?
5. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse?
6. Have you ever been the subject of a court order involving sexual abuse or physical abuse of a minor, which restricts or did restrict contact with a minor or minors?

Please read the following and initial beside all if you agree:

___ In the course of volunteering for Special Olympics Arkansas, you may become aware of personal information, and you agree to keep said information in the strictest of confidence.

___ You grant Compass Academy permission to use your likeness, voice and words in television, radio, film or any form to promote activities of Special Olympics.

___ You understand that the relationship between Compass Academy and volunteers in an "at will" arrangement and that it may be terminated at any time, without cause, by the applicant or Compass Academy.

Applicant Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

Return To: Courtney Williams, Director Compass Academy
cwilliams.ccs@conwaycorp.net

VOLUNTEER APPLICANT'S AUTHORIZATION AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK

I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Compass Academy or any other authorized third parties (collectively, "the Investigators") and/or the Arkansas State Police; may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and/or criminal history (the "Information").

I understand that Compass Academy may rely on any part or all of this Information in determining whether to extend an offer of volunteer's duties to me. I further understand that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check, which may be performed by the Investigators, is being performed as part of the process to evaluate me prior to by becoming a volunteer for Compass Academy and is not conducted for any purpose other than in connection with my eligibility for continued volunteer duties.

I have read this VOLUNTEER APPLICANT'S AUTHORIZATION AND RELEASE FOR CRIMINAL AND OTHER BACKGROUND RECORD CHECK and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I further direct and authorize the Investigators to conduct the background check and further authorize any third parties or agencies who may be the custodians of or in possession of the requested Information to disclose such Information to Investigators in connection with this background check. This form is intended to be, among other things, a criminal conviction release authorization required by Arkansas Law, and hereby authorize our third party, to receive my criminal records(s).

I understand that the background check as described above will be conducted again on or after the third anniversary of the date of this application and every three years thereafter unless I am no longer seeking Volunteer status in which case I will notify Compass.

I affirm that I have read and understand this application and that the information given is true and complete. I also understand that in the event false information is provided, I may be terminated from my volunteer position.

I am responsible for informing Compass of all changes regarding information contained in this application.

Applicant's Signature _____ Date _____

VOLUNTEER APPLICATION – DISCLOSURE OF INTENT

Compass recognizes that some of the information sought in the volunteer application may be of a sensitive nature. We request this information because of the responsibility that we have to protect the well-being and safety of all children in our program, and to promote a safe environment for all, including volunteers.

Compass presently has in place a policy that directs all Compass employees to maintain the confidentiality of all information obtained as part of the volunteer application process, and we will endeavor to keep all sensitive information confidential.

Should you have any questions concerning the volunteer application, or Compass's confidentiality policy, please feel free to contact Compass Director at cwilliams.ccs@conwaycorp.net