



Gingerbread House

Bossier/Caddo Children's Advocacy Center

1700 Buckner Square Suite 101, Shreveport, Louisiana 71101
Phone (318) 674-2900 / Fax (318) 674-8141

VOLUNTEER APPLICATION

DATE _____

NAME _____ DOB _____

STREET ADDRESS _____ CITY, STATE, ZIP _____

TEL # _____ FAX # _____ SSN _____

EMPLOYER _____

ADDRESS _____

TEL # _____ MAY WE CALL YOU AT WORK? _____ YES _____ NO

DO YOU HAVE YOUR OWN TRANSPORTATION? _____

SEX (CIRCLE): M F MARITAL STATUS _____ SPOUSE'S NAME _____

CHILD(REN)'S NAME(S) _____ AGE _____

EDUCATION (circle highest level completed) HIGH SCHOOL GRADE 9 10 11 12 COLLEGE 1 2 3 4

OTHER _____ FIELD OF STUDY _____

ARE YOU CURRENTLY ENROLLED IN SCHOOL _____ YES _____ NO

EXPLAIN _____

WHAT KIND OF TIME COMMITMENT CAN YOU GIVE TO THE CENTER? _____ HRS. PER WEEK _____ HRS. PER MONTH

_____ I PREFER MORNING VOLUNTEER WORK _____ I PREFER AFTERNOON VOLUNTEER WORK

I CAN VOLUNTEER ON (PLEASE CIRCLE) MON TUES WED THUR FRI

PLEASE INDICATE THE AREAS OF SERVICE THAT INTEREST YOU THE MOST:

- _____ OFFICE/CLERICAL ASSISTANCE
- _____ WATCHING/PLAYING WITH CHILDREN IN WAITING AREA
- _____ PARENT/CHILD EDUCATION GROUP VOLUNTEER (Monday nights 5-6:30pm / 3-4 weeks at a time)
- _____ HOUSE KEEPING
- _____ YARD WORK
- _____ SPECIAL EVENTS
- _____ FUNDRAISING
- _____ SEASONAL DECORATING (PORCH, ENTRYWAY, WAITING AREA)
- _____ OTHER

HOW DID YOU HEAR ABOUT OUR CENTER? _____

PLEASE EXPLAIN WHY YOU CHOSE THE GINGERBREAD HOUSE AS A VOLUNTEER OPPORTUNITY _____

DO YOU HAVE ANY PERSONAL CONCERNS ABOUT WORKING IN AN AGENCY THAT SERVES VICTIMS AND FAMILIES AFFECTED BY SEXUAL AND/OR PHYSICAL CHILD ABUSE? _____

DO YOU HAVE ANY PRIOR VOLUNTEER EXPERIENCE? IF YES, PLEASE LIST THE ORGANIZATION WHERE YOU VOLUNTEERED AND WHAT YOUR POSITION WAS _____

DESCRIBE BRIEFLY SKILLS, INTEREST OR STRENGTHS THAT YOU FEEL YOU CAN BRING TO THE PROGRAM _____

IS THERE ANYTHING YOU PREFER NOT TO BE CALLED UPON TO DO? _____
DESCRIBE _____

DESCRIBE WHAT YOU HOPE TO GAIN FROM YOUR PARTICIPATION AT THE CENTER? _____

MILITARY SERVICE _____ DISCHARGE DATE _____

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A TRAFFIC VIOLATION? _____
(A CONVICTION WOULD NOT NECESSARILY BAR YOU FROM PARTICIPATION IN THE PROGRAM)

DO YOU GIVE PERMISSION FOR A POLICE BACKGROUND CHECK TO BE MADE? _____ YES _____ NO
IF SO, PLEASE COMPLETE THE ENCLOSED BACKGROUND CHECK AUTHORIZATION FORM.

DO YOU CERTIFY THAT ALL INFORMATION IN YOUR APPLICATION IS TRUE? _____ YES
DO YOU UNDERSTAND THAT ALL REFERENCES WILL BE CHECKED? _____ YES

APPLICANT'S SIGNATURE: _____ DATE _____
PLEASE PRINT NAME: _____

PLEASE NOTIFY THE OFFICE OF ANY CHANGE IN PERSONAL INFORMATION SO THAT YOUR FILE MAY BE KEPT CURRENT. WE ALSO ASK THAT THE OFFICE BE NOTIFIED OF ANY CHANGE IN AVAILABILITY.

REFERENCES (PLEASE PROVIDE THREE)

NAME _____ RELATIONSHIP _____

COMPLETE ADDRESS _____

TELEPHONE _____ BEST TIME TO CALL? _____

NAME _____ RELATIONSHIP _____

COMPLETE ADDRESS _____

TELEPHONE _____ BEST TIME TO CALL? _____

NAME _____ RELATIONSHIP _____

COMPLETE ADDRESS _____

TELEPHONE _____ BEST TIME TO CALL? _____

**THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE
GINGERBREAD HOUSE!**

Revised 03/2009

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION

P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

LSPAPP5/R10.03

AGENCY

NOTICE:
PLEASE PRINT OR TYPE INFORMATION,
EXCLUDING ADMINISTRATORS OR
AUTHORIZED PERSONS SIGNATURE.
INCOMPLETE FORMS WILL NOT BE
PROCESSED.

MAILING ADDRESS

CITY STATE ZIP CODE

NAME

DATE OF BIRTH

RACE/SEX

SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY
THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A
REQUEST.

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

RAPSHEET ATTACHED

RESPONSE BELOW

BACKGROUND CHECK AUTHORIZATION

SUBMIT TO: Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$24 FEE.

FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY

FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION

****PLEASE PRINT****

FACILITY OR AGENCY

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

CITY

STATE

ZIP CODE

() FACILITY OR AGENCY PHONE NUMBER

Request For: (pick one only)

- ALCOHOL AND BEVERAGE COMMISSION
ALCOHOL BEVERAGE OUTLET
CASA
CONCEALED HANDGUNS
CRIMINAL JUSTICE EMPLOYEE
DAYCARE
DENTISTRY BOARD
DEPARTMENT OF LABOR
DEPARTMENT OF PUBLIC SAFETY
EMPLOYERS
FIREFIGHTERS
GAMING
HEALTH CARE PROVIDER
IMMIGRATION
JUVENILE DETENTION CENTER
DEPARTMENT OF INSURANCE
MANUFACTURED HOUSING
MEDICAL EXAMINERS
OCS FOSTER/ADOPTIVE
OCS PERSONNEL
OFFICE OF FINANCIAL INSTITUTIONS
OFFICE OF PUBLIC HEALTH
PHARMACY BOARD
POSTSECONDARY EDUCATION
PRACTICAL NURSING
PRIVATE ADOPTION
PRIVATE INVESTIGATORS
PRIVATE SECURITY
PUBLIC HOUSING
PUBLIC TAG AGENT
REGISTERED NURSING
RELIGIOUS ACTIVISTS
RIVERBOAT PILOTS
SCHOOL
SENATE AND GOVERNMENTAL AFFAIRS
TAXI DRIVERS
USED MOTOR VEHICLE COMMISSION
VENDOR (FINGERPRINTS REQUIRED)
VOLUNTEERS WITH YOUTH SERVING ORGANIZATIONS
WORKING WITH CHILDREN

APPLICANT'S FULL NAME: LAST FIRST MIDDLE
****PRINT - USE INK****
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANT'S SIGNATURE:

APPLICANT'S SOCIAL SECURITY # DATE OF BIRTH: / /

DRIVER'S LICENSE # & STATE RACE SEX

POSITION OR LICENSE APPLIED FOR

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.