

Northwest Arkansas Women's Shelter

P.O. Box 1059
Rogers, AR 72757
479-287-1093
akinder@nwaws.org

RE: State Background Check, Volunteer

1. **FORM** - The ASP form 122, Individual Record Check Form, must be completed in its entirety. The form must be notarized. Your bank can typically provide this service to you at no cost.
2. **PAYMENT** - Payment is NOT required but a donation of \$11.00 made payable to the Northwest Arkansas Women's Shelter is appreciated as it will cover the cost billed to the shelter for conducting your background check. Donations may also be submitted via PayPal on our website. www.nwaws.org

Completed forms may be returned to the above address or scanned to akinder@nwaws.org. Feel free to contact me with any questions you may have.

Thank you for applying to volunteer with the Northwest Arkansas Women's Shelter! We look forward to partnering with you to support our clients.

Best,

Antonella Kinder

Volunteer & In-Kind Coordinator, Northwest Arkansas Women's Shelter



ARKANSAS STATE POLICE

ASP-122

(Rev. 09/07)

**Identification Bureau
Individual Record Check Form**

Full Name: _____ / _____

First

Middle

Last Name

Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____

(Month/Day/Year)

Social Security #: _____ Driver's License #: _____

State

Mailing Address: _____

Street

City

State

ZIP

Daytime Phone #: (____) _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: Northwest Arkansas Women's Shelter

(First/MI/Last Name) or Full Name of Agency

Mailing Address: P.O. Box 1059, Rogers, AR 72757

Street

City

State

ZIP

Signature: _____ Date: _____

(First/MI/Last Name)

(Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____

§

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20 _____ .

Notary Public

82004 State Record Check

82005 State Record Check