



*Empowering Families to Build Lives
Free of Domestic and Sexual Violence*
Northwest Arkansas Women's Shelter

RE: State Background Check – Volunteer Program Application

- I. **FORM** – The ASP 122 Individual Record Check Form (below) must be completed in its entirety. Forms with missing fields will not be accepted. The form must be notarized. Completed forms may be scanned to Antonella Kinder, Development Coordinator, at akinder@nwaws.org

- II. **DONATION** – Each background check processed by our organization costs \$11.00. A donation to cover the cost of your background check is not required, but appreciated. Donations to cover the cost may be submitted [here](#).





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