



## Northwest Arkansas Women's Shelter

### Background Checks: Volunteer Program Application

- I. **Form**—The following forms (ASP Record Check, Child Maltreatment Check, and Adult Maltreatment Check) must be completed in their entirety. Forms with missing fields will not be accepted. The forms must be notarized (a service offered by most banks at no charge to customers). Completed forms may be scanned and sent electronically to Amber Lacewell, VP of Communications & Development at [alacewell@nwaws.org](mailto:alacewell@nwaws.org). Hard copies may be mailed to NWAWS, ATTN: Amber Lacewell, PO Box 1059, Rogers, AR 72757
  
- II. **Cost**—Background check fees are \$11.00. In order to off-set these costs, we require that all prospective volunteers cover this cost. You may make a donation online at [www.nwaws.org/volunteer-fee/](http://www.nwaws.org/volunteer-fee/) or mail a check to PO Box 1059, Rogers, AR 72757. Please make a note that this is for a background check. Volunteer applications will not be processed until this fee has been received.



# ARKANSAS STATE POLICE

ASP 122VOL  
(Eff. 02/19/2019)

## Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY

- Select One:  Adam Walsh Act - Public Law 109-248 ARAWA000Z  
 Serve America Act - Public Law 111-13 ARSAA000Z  
 Other Volunteer AR920500Z AR Code §12-12-1607

\_\_\_\_\_  
 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: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
 (Month/Day/Year)

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State

Mailing Address: \_\_\_\_\_  
 Street/P.O. Box

\_\_\_\_\_ City State Zip Code

### APPLICANT RECORD NOTICE

**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 in Title 28, Code of Federal Regulations (CFR) Section 16.30 – 16.33 or 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.

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:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (First/MI/Last Name) (Month/Day/Year)

Release to: **Northwest Arkansas Women's Shelter**  
 (First/MI/Last Name) OR Full Name of Agency

Mailing Address: **PO Box 1059**  
 Street/P.O. Box

**Rogers** **AR** **72757**  
 City State Zip Code

**WHEN THIS PROPERLY COMPLETED REQUEST FORM IS SUBMITTED (OTHER THAN IN PERSON BY THE SUBJECT OF THE CHECK) THIS REQUEST FORM MUST BE NOTARIZED**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this is the

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

### BELOW FOR OFFICE USE ONLY

- 82002 Civil Record Check  80020 FBI Check  80006 FBI Check (ASP)

# Authorization for Release of Confidential Information Contained Within the Arkansas Child Maltreatment Central Registry

For the purpose(s) of Registry background clearance, I, the listed applicant, hereby request that the **Arkansas Child Maltreatment Central Registry, Slot S 566, PO Box 1437, Little Rock, Arkansas 72203**, release to the listed requestor any information permitted by Arkansas Statute their files may contain indicating the undersigned applicant as an offender of a true report of child maltreatment.

Arkansas law permits Central Registry to charge a fee for child maltreatment background checks, and other information. This fee applies to everyone except potential employees, non-profit organizations and indigent persons. This request will be processed if you return it to us with a check or money order for \$10.00 made payable to the Department of Human Services. **We are unable to accept cash or temporary checks.** If you feel that you should not have to pay this fee, please provide us with your proof or 501C3. **Please allow 7-10 business days for processing. Please make sure all information is legible. All forms that are illegible will be returned.**

This information should be addressed to:

|   |                                    |                    |              |
|---|------------------------------------|--------------------|--------------|
| <b>Name of Person Making the Request:</b> | EVA ROUSEY                         |                    |              |
| <b>Company Name:</b>                      | NORTHWEST ARKANSAS WOMEN'S SHELTER |                    |              |
| <b>Mailing Address:</b>                   | PO BOX 1059, Rogers, AR 72757      |                    |              |
| <b>Telephone Number:</b>                  | 479-246-0353                       | <b>Fax Number:</b> | 479-286-0144 |

Pursuant to Arkansas Statutes, I understand that the name of any confidential informants, information not permitted by Arkansas Statute, or other information which does not pertain to the applicant as alleged perpetrator, will not be released, and that any released information is confidential and may not be re-disclosed to any person, except as specifically permitted by law (See A.C.A. § 12-18-909).

**Applicant's Name (Print Or Type)**

**Social Security Number**

**Maiden Name/ Aliases**

**Race                      Age                      D.O.B.**

**Child's Full Name, DOB, and Social Security Number**

**Child's Full Name, DOB, and Social Security Number**

**Child's Full Name, DOB, and Social Security Number**

**(Please provide the last ten (10) years)**

**PRESENT ADDRESS FIRST :**

From  to



From  to



From  to



From  to



**Applicant's Signature**

County of \_\_\_\_\_ State of Arkansas Acknowledges before me this \_\_\_\_\_

day of \_\_\_\_\_ 20 \_\_\_\_\_ My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
REQUEST FOR ADULT MALTREATMENT REGISTRY INFORMATION**

Print all information in ink.

|  |                        |
|--|------------------------|
| Name   | Date of Birth          |
| Maiden Name and/or Any Names Formerly Used   | Social Security Number |
| Email Address  |                        |
| Current Address (Street, City, State, Zip)   |                        |
| List all previous addresses for the past five years. (Attach additional pages, if needed.) | Dates (From/To)        |
|  |                        |
|  |                        |
|  |                        |

I authorize Department of Human Services/Adult Protective Services to release information from the Adult Maltreatment Central Registry in accordance with Ark. Code Ann. § 12-12-1717 to the following:

Agency Name/Contact Person

**NORTHWEST ARKANSAS WOMEN'S SHELTER  
EVA ROUSEY**

Agency type:

- Volunteer (no charge)
- Non-Profit (no charge)
- State Agency (no charge)
- All Others (\$10.00 Fee)

Mailing Address (Street or PO Box, City, State, Zip)

**P.O. BOX 1059  
ROGERS, AR 72757**

I further certify that the information provided on this form is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

COUNTY OF \_\_\_\_\_  
STATE OF ARKANSAS

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

[SEAL]

*For APS use only:*

The above named applicant was \_\_\_\_\_ / was not \_\_\_\_\_ listed in the Adult Maltreatment Central Registry.

Verified by: \_\_\_\_\_

**MAIL THE COMPLETED FORM TO:  
Adult Maltreatment Central Registry - Slot W240  
PO Box 1437  
Little Rock, AR 72203**