



# 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**



## 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 \$12 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order

Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

**\*\*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\*\*\*\*

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

CITY

STATE

ZIP CODE

( )

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

AGENCY OR FACILITY E-MAIL ADDRESS

**Request For: (pick one only)**

- |   |   |
|---|---|
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET  | <input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS              |
| <input type="checkbox"/> BEHAVIOR ANALYST BOARD   | <input type="checkbox"/> LA PHYSICAL THERAPY BOARD                    |
| <input type="checkbox"/> BOARD OF EXAMINERS (PSYCHOLOGIST)  | <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS         |
| <input type="checkbox"/> BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO.)                      | <input type="checkbox"/> LICENSED PROFESSIONAL COUNSELORS             |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS                                     | <input type="checkbox"/> MEDICAL EXAMINERS                            |
| <input type="checkbox"/> CASA   | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS             |
| <input type="checkbox"/> COURT ORDER ADOPTION   | <input type="checkbox"/> OMVC – COMMERCIAL DRIVING EXAM ADMINISTER    |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE  | <input type="checkbox"/> OMVE – EMPLOYEE ISSUING COMMERCIAL DL        |
| <input type="checkbox"/> DAYCARE / WORKING WITH CHILDREN  | <input type="checkbox"/> OMVI – CONTRACT PROCESS INQUIRY/TRANSACTION  |
| <input type="checkbox"/> DENTISTRY BOARD  | <input type="checkbox"/> OMVT – AUTO TITLE COMPANY / PUBLIC TAG AGENT |
| <input type="checkbox"/> DEPT. OF AGRICULTURE AND FORESTRY  | <input type="checkbox"/> PHARMACY BOARD                               |
| <input type="checkbox"/> DEPT. HEALTH AND HOSPITALS   | <input type="checkbox"/> POST SECONDARY EDUCATION                     |
| <input type="checkbox"/> DEPT. OF INSURANCE – FRAUD DIVISION                                      | <input type="checkbox"/> PRACTICAL NURSING                            |
| <input type="checkbox"/> DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit) | <input type="checkbox"/> PRIVATE ADOPTION                             |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION   | <input type="checkbox"/> PRIVATE INVESTIGATORS                        |
| <input type="checkbox"/> DCFS CARETAKER   | <input type="checkbox"/> PRIVATE SECURITY                             |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE   | <input type="checkbox"/> PUBLIC HOUSING                               |
| <input type="checkbox"/> DCFS PERSONNEL   | <input type="checkbox"/> REGISTERED NURSING                           |
| <input type="checkbox"/> DRUG AND DEVICE DISTRIBUTORS   | <input type="checkbox"/> RELIGIOUS ACTIVISTS                          |
| <input type="checkbox"/> EMPLOYERS  | <input type="checkbox"/> SCHOOL                                       |
| <input type="checkbox"/> FIREFIGHTERS   | <input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION        |
| <input type="checkbox"/> FIRE MARSHAL   | <input type="checkbox"/> TAXI DRIVERS                                 |
| <input type="checkbox"/> GESTATIONAL CONTRACTS  | <input type="checkbox"/> TESS WINDOW TINT                             |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed)                                      | <input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION               |
| <input type="checkbox"/> JUVENILE DETENTION CENTER  | <input checked="" type="checkbox"/> WORKING WITH CHILDREN             |

APPLICANTS FULL NAME:

\*\*\*\*PRINT – USE INK\*\*\*\*

LAST

FIRST

MIDDLE

{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: \_\_\_\_\_

APPLICANTS SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ID or DRIVERS 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. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

DPSSP 6696

Revised 10/01/2016

SID# \_\_\_\_\_

APPLICANT PROCESSING – DISCLOSURE  
BUREAU OF CRIMINAL IDENTIFICATION AND  
INFORMATION

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

LSPAPP3/Revised 10/2015

AGENCY, BUSINESS OR INDIVIDUAL NAME

MAILING ADDRESS

| CITY | STATE | ZIP CODE |
|------|-------|----------|
|------|-------|----------|

**NOTICE:  
PLEASE PRINT OR TYPE  
INFORMATION, EXCLUDING  
ADMINISTRATORS OR AUTHORIZED  
PERSONS SIGNATURE.**

**INCOMPLETE FORMS WILL NOT BE PROCESSED.**

NAME OF APPLICANT

DATE OF BIRTH  
(STATE)

PLACE OF BIRTH

RACE / SEX

WEIGHT

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HEIGHT

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HAIR COLOR

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EYE COLOR

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 an arrest or conviction information not available in our database.

DATE \_\_\_\_\_

ARRESTING AGENCY

### CONVICTION INFORMATION

[illegible]