



1700 Buckner Square, Suite 101, Shreveport, LA 71101
Phone: (318) 674-2900 | Fax: (318) 674-8141

Volunteer Application

Date of application: _____

Name: _____ DOB: _____

Street address: _____ City, State, Zip: _____

Phone #: _____ Email: _____ SSN: _____

Employer: _____

Address: _____

Phone #: _____ May we call you at work? ___ Yes ___ No

Do you have your own transportation? ___ Yes ___ No

Sex: M F Other Marital Status: _____ Spouse's name: _____

Child(ren)'s name(s): _____ Age _____

Four horizontal lines for additional information.

Education: (circle highest level completed): High school: 9th 10th 11th 12th

College - Undergraduate: 1 2 3 4 Graduate: 1 2 3 4 Other: _____

Field of study: _____

Are you currently in school? ___ Yes ___ No If no, explain: _____

Military service: _____ Discharge date: _____

Are you volunteering for a specific Gingerbread House event? If so, which one?

Horizontal line for event name.

What kind of time commitment can you give to the Gingerbread House? ___ hours/week ___ hours/month

I prefer (please circle) morning / afternoon volunteer work.

I can volunteer on (please circle): MON TUES WED THURS FRI

Please indicate the areas of service that interest you the most:

- Office / clerical, Watching / playing with children in waiting area, Special events, Fundraising, Organizing / cleaning, Children's activities / arts and crafts, Other: _____


Gingerbread House
CHILDREN'S ADVOCACY CENTER

1700 Buckner Square, Suite 101, Shreveport, LA 71101
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How did you hear about our center? _____

Please explain why you chose Gingerbread House as a volunteer opportunity.

Have you ever been to Gingerbread House for a forensic interview? _____

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. _____

Briefly describe skills, interests, or strengths that you feel you can bring to the program. _____

Is there anything you prefer not to be called upon to do? If yes, please explain. _____

Describe what you hope to gain from your time volunteering with the Gingerbread House. _____

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 signature: _____ Date: _____

Please print name: _____



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PLEASE NOTIFY THE OFFICE OF ANY CHANGE IN PERSONAL INFORMATION SO THAT YOUR FILE WILL BE UP TO DATE. WE ALSO ASK THAT THE OFFICE BE NOTIFIED OF ANY CHANGE IN AVAILABILITY.

References (Please provide three)

Name: _____ Relationship: _____

Complete address: _____

Phone number: _____ Best time to call? _____

Name: _____ Relationship: _____

Complete address: _____

Phone number: _____ Best time to call? _____

Name: _____ Relationship: _____

Complete address: _____

Phone number: _____ Best time to call? _____

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

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Stop 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 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

