



VOLUNTEER APPLICATION
INFORMATION SHEET

NAME _____ **DATE** _____
Last First Middle

HOME ADDRESS _____

_____ **PHONE** _____

City State Zip

Date of Birth _____ **E-Mail** _____

School(s) Attended _____

Years completed: In school _____ **College** _____ **Degree** _____

Have you ever worked with persons with disabilities? _____

Examples of experience: _____

Do you speak another language? _____ **If so, what** _____

When are you available? Day _____ **Hours** _____ **Evening** _____ **Hours** _____

Circle Choice(s): Mon. Tues. Wed. Thurs. Friday or Everyday

To what organization(s) do you belong? _____

How did you hear about The Arc? _____

P. O. Box 3367 - Waco, Texas 76707 - (254) 756-7491 · Fax: (254) 756-7504 · 4901 Lakewood Dr., Waco 76710

A non-profit agency serving persons with intellectual and developmental disabilities and their families



**TREATMENT STATUS
NON-CONVICTION STATEMENT
CONFIDENTIALITY STATEMENT**

The following information items must be completed and submitted before starting work as a caregiver in any of The Arc of McLennan County's Programs.

1. TREATMENT STATEMENT:

I, (print full name) _____, state that:

_____ **I am not currently receiving treatment for alcoholism, drug abuse and/or child abuse problems.**

_____ **I have never received treatment for alcoholism, drug abuse and/or child abuse problems.**

_____ **I am currently receiving treatment for: (check the applicable service)**

_____ **alcoholism** _____ **drug abuse** _____ **child abuse**

DATE _____ SIGNATURE _____

2. NON-CONVICTION STATEMENT:

I, (print full name) _____, declare that I have never been convicted of a felony or misdemeanor in any State, including sex-related or child-abuse related offenses.

DATE _____ SIGNATURE _____

3. CONFIDENTIALITY STATEMENT:

I, (print full name) _____, am aware that conversations, records and events pertaining to The Arc's Program enrollees (children) and their parents are confidential and I agree to refrain from discussing same outside of the Program.

DATE _____ SIGNATURE _____

CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

| | | | |
|--|--|--|---|
| Operation Name The Arc School Age Program | | Operation Number | Telephone No. (A/C) (254) 405-4500 - Cell *(254) 756-7491 |
| Operation Address (Street, City, ZIP) 4901 Lakewood Drive, Waco 76710 | | Operation Mailing Address (City & Zip) P. O. Box 3367, Waco, TX 76707 | |
| | | County McLennan | |

Complete the following information for each person required to have a background check. All names used currently or in the past must be provided. If you do not provide every name that each person has used, you may receive inaccurate results. Additional forms may be obtained from the Licensing office.

I verified (by reviewing the person's social security card and/or driver license) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.

Thomas C. Pearson

 Printed Name of Director, Owner, or Operator Signature of Director, Owner, or Operator Date

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| <input type="checkbox"/> Initial | | <input type="checkbox"/> 24 Month Check | | <input type="checkbox"/> Fingerprint Check Required | | <input type="checkbox"/> FBI Results in DPS Clearinghouse | |
| Social Security Number | | | | ID Type - Drivers License or ID Number -State | | | |
| First Name | | Middle Name | | Last Name | | | |
| Street Address | | City | | State | | Zip | |
| County | | Telephone No. (A/C) | | Date of Birth | | Gender <input type="checkbox"/> M <input type="checkbox"/> F | |
| You must list any other city in Texas where this person has been a resident, and any addresses, including county, where the person has lived outside of Texas in the previous five years: | | | | | | | |
| Relationship of person to requestor <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: | | | | | | | |
| For Foster/Adoptive Homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated | | | | | | | |
| Date Hired /Used by the Operation/Agency | | Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other | | Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/ Pacific Islander | | | |
| Other names used (married, maiden, etc.) First Name | | Middle Name | | Last Name | | | |

| | | |
|----------------------|--------------------------|-----------|
| DFPS Use Only | Worker Name--Last, first | Mail Code |
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***Please include a copy of your current driver's license with this application.**