



**Arkansas Department of Human Services**  
**Division of Children and Family Services**  
**REQUEST FOR CHILD MALTREATMENT CENTRAL REGISTRY CHECK**

**THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED.**

TYPE OF APPLICANT:

☐ DHS Employee/Applicant [Division: \_\_\_\_\_] ☐ Foster Parent ☐ Legal Custodian ☐ Adoptive Parent ☐ Provisional Foster Parent

☐ Foster Family Support System (FFSS) for: \_\_\_\_\_  
*Name of Foster Family whom FFSS will support*

☒ Other (This request will be processed for a fee of \$10 made payable by check or money order to DHS. We do not accept cash. This fee may be waived for non-profits who provide proof of 501(c)(3) status. Allow 7-10 business days for processing.)

This information should be addressed to:

Crystal L. Widger / Executive Assistant

Name/Title (print)

6045 Elm Springs Road

Springdale, AR 72762

Address (physical)

P.O. Box 1876

Springdale, AR 72765

Address (provide mailing, if different than physical)

Compassion House

Organization Requesting the Report

(479) 419-9100

Telephone #

Fax #

**Name of Applicant:** \_\_\_\_\_

**Maiden Name/Other Names Used:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age/DOB:** \_\_\_\_\_ / \_\_\_\_\_ **SSN:** \_\_\_\_\_

Present Address: (since \_\_\_\_\_, \_\_\_\_\_) \_\_\_\_\_

Previous Addresses (from the last six years):

1) \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

2) \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

3) \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

4) \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Cities and States of Employment (outside of Arkansas) for last six years:

1) \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

2) \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

3) \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

Relationship: \_\_\_\_\_

SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

Relationship: \_\_\_\_\_

SS# (if known): \_\_\_\_\_

4) \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Full Name: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

Relationship: \_\_\_\_\_

SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_

DOB/Age: \_\_\_\_\_ / \_\_\_\_\_

Relationship: \_\_\_\_\_

SS# (if known): \_\_\_\_\_

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### THE FOLLOWING IS TO BE COMPLETED **ONLY** WITH A NOTARY

I, \_\_\_\_\_ verify that the information above is true and complete. I authorize the Arkansas Child Maltreatment Central Registry to release any information their files may contain concerning me as an offender of a true report of child maltreatment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

County of \_\_\_\_\_ State of Arkansas

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

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

My commission expires: \_\_\_\_\_

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### THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY

☐ The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date \_\_\_\_\_

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

☐ Information Found

Examiner's Signature and Date \_\_\_\_\_

**Child Maltreatment Central Registry**

**Slot S 566**

**P O Box 1437**

**Little Rock AR 72203**



# ARKANSAS STATE POLICE

ASP-122VOL  
(Eff. 08/11/2021)

## Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY

Procedure for obtaining a Criminal History Check for:

**Adam Walsh Act – Public Law 109-248;**  
**Serve America Act – Public Law 111-13; or**  
**Other Volunteer – AR Code §12-12-1607**

### INSTRUCTIONS

1. If **only an Arkansas background check** is requested, include a properly completed **ASP 122VOL** request form and a check or money order in the amount of **\$10.00** made payable to the Arkansas State Police. **DO NOT SEND CASH.** A fingerprint card is NOT required if only the Arkansas background check is requested. The results of the Arkansas background check will be sent to the person/entity as specified on this form.
2. If **both an Arkansas and an FBI check** are requested, include a properly completed **ASP 122VOL** request form and a check or money order in the amount of **\$21.25**, made payable to the Arkansas State Police. **DO NOT SEND CASH.** A payment confirmation page will be returned with the transaction number needed to then get live scan fingerprints. The fingerprints that are submitted will be used to check the Arkansas and FBI criminal history records. If you are not a government entity, you will need to **file a list of criminal offenses with ASP ID Bureau for which a conviction would disqualify a person from volunteering with your agency/entity.** *(The detailed FBI results will not be released to a non-governmental volunteer agency.)*
3. The subject of the criminal records search may challenge the completeness or accuracy of the criminal history information by using the procedures as outlined in Title 28, Code of Federal Regulation (CFR) Section 16.34 and/or Arkansas Code Ann. §12-12-1013.
4. If the request is made by mail, an envelope properly addressed to the person/entity to whom the background check will be released, as specified on this form, with sufficient return postage must be included.
5. Send properly completed request form, envelope, fingerprints (if FBI check is requested), and proper payment to:

**Arkansas State Police  
Identification Bureau  
1 State Police Plaza Drive  
Little Rock, AR 72209**

To contact the Arkansas State Police ID Bureau, you may call **501-618-8500**.

**SEE OTHER SIDE FOR REQUEST FORM**

Front



# ARKANSAS STATE POLICE

ASP-122VOL  
(Eff. 08/11/2021)

## Identification Bureau Individual Record Check Request Form VOLUNTEER ONLY

Select One: ☐ Adam Walsh Act - Public Law 109-248  
☐ Serve America Act - Public Law 111-13  
☒ Other Volunteer AR Code §12-12-160

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: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
(Month/Day/Year)

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_  
(DL State)

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

City

State

Zip Code

### APPLICANT RECORD NOTIFICATION

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

**Privacy Act Statement:** (This privacy act statement is located on the back of the FD-258 fingerprint card.)

*Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.*

*Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.*

I give my consent for the Arkansas State Police to conduct an Arkansas (and if fingerprints are submitted, an FBI) criminal record search on myself and to release any results to the following person or entity:

Release to: \_\_\_\_\_ (First/MI/Last Name) **Crystal L. Widger** \_\_\_\_\_ (479) 419-9100  
(First/MI/Last Name) OR Full Name of Agency Phone Number

Email Address: \_\_\_\_\_ **Crystal.CompassionHouse@gmail.com** \_\_\_\_\_  
(Email address for person/entity this is being released to)

Mailing Address: \_\_\_\_\_ **P.O. Box 1876** \_\_\_\_\_  
Street/P.O. Box

**Springdale**  
City

**Arkansas**  
State

**72765**  
Zip Code

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

### BELOW FOR OFFICE USE ONLY

☐ 82002 Volunteer State Record Check (\$10.00) ☐ 80006 Volunteer FBI Record Check (\$2.00) ☐ 80020 Volunteer FBI Record Check (\$9.25)

Back



## New Volunteer Packet

*We are so grateful that you would like to volunteer with Compassion House!*

Our mission at Compassion House is to break generational cycles of poverty and neglect that our girls have faced. By compassionately offering pregnant teens and mothers in a safe nurturing place to live by empowering them with educational opportunities, including financial literacy, parenting, nutrition, and life skills. In addition, we provide emotional and spiritual guidance. All the while watching them develop into productive parents and contributors to the community.

Compassion House has been serving pregnant teens and mothers in Arkansas for over 30 years. We get referrals and walk-ins of pregnant and teen mothers ages 18 and under from all sorts of sources – churches, other nonprofits, homeless shelters, juvenile courts, local schools, human trafficking organizations, etc.

We work closely with our teens by providing intensive case management to develop individualized growth plans in the areas of education initiative, life skills, parenting classes, employment and workforce development, money management, support networks, substance abuse, physical mental and emotional health, healthy living, time management, house stability, legal issues, responsibility and accountability. To ensure healthy futures for themselves and their children upon graduation of the program.

Residents of Compassion House receive counseling, housing, access to medical care, transportation, food, clothing, and personal hygiene items. As well as a labor coach and mentor.

Compassion House is a 501c3 charitable organization, and we currently are not receiving any state or federal aid. 100% of our funding comes from community gifts given by individuals, businesses, churches, events, grants, and foundations.

Compassion House relies heavily on the support of our community and volunteers. Without their help our mission of serving would not be possible. That is why it means so much to all of us here at Compassion House that you are willing to give of yourself and devote your time in helping us achieve our mission one family at a time.

Blessings,

Jennifer Samuel-Haeg  
*Executive Director*



## Compassion House - Indirect Volunteer Descriptions

We are so grateful that you would like to volunteer with Compassion House!

### *Indirect Service Opportunities:*

**Volunteer Coordinator** - We are looking for a special person who can help track, manage, and coordinate all our volunteers.

**Events Committee Member** - Compassion House hosts several fundraising events throughout the year, and we need strong committees to make these happen. Committee members help with the planning and leading of various aspects of each event's specific needs such as, registration, silent/live auctions, entertainment, food planning, venue planning, theme/décor, marketing, setup/teardown, volunteer recruitment, etc. If you have a love for event planning or support, we would love to have your help!

**Day of Event Support** - If you or your team would like to help at our events on the day of or setup or teardown, we always have needs for individuals or groups who have the heart to serve in various roles from our registration team, auction team, route setup, etc. We would love to find a way to partner with you for our events!

**Baby Barn Team** - If you have a love for retail, organization, and resources this volunteer role is for you! Our baby barn is setup to help our moms get the resources they need for their new babies. They earn Compassion Cash to "buy" items for their growing family like diapers, high chairs, clothing, and supplies. Our volunteers help organize and sort items in the Baby Barn, be there to help our moms shop, and make sure they have a wonderful experience.

**Administrative Support** - If you have the gift of organization and administration, we always need help with administrative tasks from filing, data entry, sending out thank you cards, answering phones, and assisting our Case Managers and Directors with various office projects and tasks.

**Internships** - We have various internships available for college students who would like to expand their knowledge in the fields of case management, social work, marketing & communication, grant writing and business.

**Buildings & Grounds Support** - Serve in various roles of maintaining different groundskeeping from mowing, landscaping, pest control, handy man services, etc.

**House Maintenance** - Serve in various roles of maintaining the different house upkeep needs from changing light bulbs and batteries, replacing flooring, rearranging furniture, maintenance on appliances, deep cleaning, etc.

**Encouragers** - Our Encouragers help in various ways from assembling welcome baskets for our new moms when they arrive that include hygiene products (we provide items), to sending them encouraging notes throughout the year, helping host birthday parties and Mother's Day events or other holiday themed ideas, to helping with transportation. This role is for people who like to encourage and show compassion to our moms and their babies.



## Compassion House – Direct Volunteer Descriptions

We are so grateful that you would like to volunteer with Compassion House!

### **Direct Service Opportunities:**

**Labor Coach** – Be matched with a resident to provide 1:1 guidance and support during and after pregnancy. Below are some of the basic expectations of our Labor Coaches:

- Hosting a baby shower.
- Accompany the resident to all prenatal/postpartum appointments.
- Ensure that all the resident's questions to medical professionals are answered and understood
- Relay medical information back to staff.
- You are the primary attendant during labor and delivery
- Be present at the medical facility during the resident's entire stay after delivery.

**Mentor** - Provide guidance, encouragement, and support to a resident. Below are some of the basic expectations of our Mentors. We are passionate about supporting our mentors throughout their experience by providing trainings, workshops, and ongoing communication with our staff.

- Commit to meet with her regularly (2-4 hours a month on average)
- Establish trust and maintain confidentiality
- Provide guidance and encouragement
- Identify learning opportunities for her
- Expose her to new ideas
- Provide helpful resources
- Share personal experiences and perspective

**House Mom Relief** - Aid House Moms with household duties such as

- Supervising residents
- Taking residents to appointments
- Babysitting newborns
- Basic household care
- Ensure house rules are being followed

**Class Instructor Assistant** – Assist the Education Director in providing educational guidance, encouragement, and support to the residents. Below are some of the basic expectations of our Class Instructor Assistants:

- Assisting the residents with school/personal growth assignments
- Tutoring in particular subjects where growth is needed
- Encourage engaged participation
- Provide feedback to the Education Director with potential growth opportunities

# Compassion House – Direct Volunteer Descriptions *Cont.*

**Community Partnership Classes** - We would like to connect with professionals and organizations within the community that can assist the residents achieve their goals to successfully complete the program, as well as prepare them for life after Compassion House as they enter adulthood. Below are a few examples. If you believe you could offer any other beneficial classes, please let us know on your volunteer application.

- Financial Literacy
- Relationships
- Parenting
- Healthy Living/Cooking
- Conflict resolution
- Etiquette

**Culinary Team** – Assist the Nutrition & Farm Director teaching the residents healthy culinary habits including education and skills in maintaining the kitchen. Or by providing meals to the residents. Below are some things that are needed

- Help the Nutrition & Farm Director create weekly menus
- Help the residents with meal preparations
- Organize and clean food storage areas

**Baby Cuddlers** – All babies need to be held and cuddled in order to thrive. Our residents have school/work obligations and our staff are often busy with other duties. There are several times throughout the week we need an extra set of hands or two. Below is what is expected from our Baby Cuddlers

- Talking, singing, and reading to the baby
- Feeding and changing diapers as needed
- Provide loving and soothing cuddles
- Inform staff of any concerns related to the baby's behavior

If you believe you can provide the residents of Compassion House, or their children with additional support that is not listed in the service opportunities, please let us know how you would like to serve the ministry on your volunteer application





## Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: M S W D

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Highest level of education achieved: \_\_\_\_\_ Degree held: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Spouse's Cell Phone: \_\_\_\_\_ Spouse's Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Number of children: \_\_\_\_\_ Names and ages of children: \_\_\_\_\_

\_\_\_\_\_

Previous work experience: \_\_\_\_\_  
\_\_\_\_\_

Current and previous volunteer experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Church Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church Phone Number: \_\_\_\_\_ Are you a member of your church? Y/N

In the space provided, please describe your viewpoint on spiritual issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact your pastor as a personal reference: Y/N If no please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide three personal references we may call who are NOT family:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have any prior criminal convictions or offenses? Y/N If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you consent to a background check Y/N?

How did you hear about Compassion House ministries? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to contribute to the Compassion House ministry and our residents? \_\_\_\_\_

\_\_\_\_\_

How much time can you commit to volunteering? Hours per week: \_\_\_\_\_ Hours per Month: \_\_\_\_\_

When are you available?

Mornings \_\_\_\_\_ Afternoons \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends \_\_\_\_\_ Overnight \_\_\_\_\_

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Please list the volunteer opportunities you are interested in: \_\_\_\_\_

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What skills and talents can you contribute to Compassion House? \_\_\_\_\_

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Anyone that volunteers to drive a resident must have a copy of their insurance card and driver's license on file in the office. A driving record may also be obtained when your background check is ran.

Do you have a valid Driver's License? Y/N      License State and Number: \_\_\_\_\_

Do you have reliable transportation? Y/N      Vehicle Year/Make/Model: \_\_\_\_\_

License Plate Number and State: \_\_\_\_\_

Car Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Applicant Statement

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have not withheld anything that if disclosed, would affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude me from being considered for volunteer service or, after my service begins, may be cause for termination.

I expressly authorize, without reservation, the organization, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information and to provide any information they may have regarding my character and fitness to serve Compassion Ministries Ltd.

I hereby waive any and all rights and claims I may have regarding the organization, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the interview and background check process and all other persons, corporations or organizations for furnishing such information about me.

I also acknowledge that the Compassion Ministries Ltd. has not arranged and does not provide me with accident or medical insurance for my benefit and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am not entitled to wages, employee benefits, and neither covered by Worker's Compensation as a result of my volunteer affiliation. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

In consideration of me being allowed to participate in the volunteer service, I agree to release, indemnify and hold harmless Compassion Ministries Ltd., including its present and former Board, officers, directors, employees, agents and participants from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, my dependents, assigns, personal representatives, heirs or next of kin may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action or inaction of Compassion Ministries Ltd. persons acting on its behalf or otherwise. I also agree that I shall be fully responsible for any and all loss or damage that I inflict upon any person or upon Compassion Ministries Ltd. facilities or property during my participation in the volunteer service.

I understand and agree that if my service as a volunteer is accepted, there is no contract period for volunteer service and my volunteer service would be solely "at will," giving either me or Compassion Ministries Ltd. the right to terminate my volunteer service at any time without liability or obligation.

I understand that the Compassion Ministries Ltd. takes any allegations or suspicions of child abuse seriously and will report such allegations to the police and state agencies for investigation.

I understand that this document is a contract which grants certain rights to and eliminates the liability of the Compassion Ministries Ltd. I hereby acknowledge that I have read and understood the above statements and that I voluntarily sign this application of my own accord and as a condition of being allowed to participate with my volunteer service. Further, by signing this agreement I attest to the fact that I am eighteen years of age or older.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for interest and applying to volunteer your time to Compassion Ministries Ltd. Once you have completed these forms, please return it by mail or email. We will contact you to set up an in-person interview. If you have any questions or need further assistance, please call our office at 479-419-9100*

**Compassion House**  
Attn: Volunteer Services  
P.O. Box 1876  
Springdale, AR 72765



## COVID-19 EXPECTATIONS

\_\_\_\_\_ I understand I will be turned away from Compassion House and may not interact with staff or residents if my temperature is above 99.7F.

\_\_\_\_\_ I understand I will leave my shoes at the door when entering Compassion House and may wear socks or slippers. (Shoes may be worn in staff office) I will wash my hands thoroughly with soap and water before engaging in any activity.

\_\_\_\_\_ If I have been exposed to or tested positive for COVID-19 within the past 17 days, I will refrain from volunteering until I have self-quarantined for 14 days.

\_\_\_\_\_ I must receive permission from Compassion House to take residents to public places and will not discuss any outings with residents until approval is received.

\_\_\_\_\_ I will ensure all residents of Compassion House wear masks in public spaces and follow all social distancing guidelines.

\_\_\_\_\_ I may take residents to my home and they may interact with my family, assuming all are healthy, and none have been out of state in the past 14 days.

I HEREBY assume all risks of injury and illness (e.g., Communicable diseases such as MRSA, influenza, and COVID-19) to myself or my family while volunteering with Compassion Ministries or interacting with any residents of Compassion House in any location, including the potential for permanent disability and death. I acknowledge personal discipline may reduce these risks, and I freely assume all such risks both known and unknown while volunteering.