



Volunteer Application Form

All fields are required to be filled out accurately prior to becoming a Catholic Community Service volunteer.

PLEASE PRINT:

Name:

Last _____ First: _____ Middle Initial _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Phone: _____

E-mail: _____

Are you 18 years of age or older? Yes No

NAME OF PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Last Name: _____ First Name: _____

Relationship: _____

Contact Numbers to call: Day: _____ Evening: _____

INFORMATION ABOUT YOUR EMPLOYMENT: (voluntary) Retired

Current Employer: _____ Position: _____

Business Telephone: _____

HOW DID YOU HEAR ABOUT VOLUNTEER OPPORTUNITIES WITH CATHOLIC COMMUNITY SERVICE?

Other CCS Volunteer CCS Website CCS Employee School/College

Other (please explain): _____

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INFORMATION ABOUT YOUR VOLUNTEER INTERESTS:

Please describe in detail why you are interested in volunteering and what skills you would like to contribute.

INFORMATION ABOUT YOUR INTERESTS/SKILLS/EXPERIENCE AND AVAILABILITY:

Would you prefer to volunteer with:

- Bridge Adult Day Center (Juneau only)
- Senior Center
- Meals on Wheels delivery driver
- Other: _____

Please list your experiences or skills that relate to the preference indicated previously:

Please list any current volunteer or previous volunteer roles:

Please check the most appropriate day and shift that you would be available to volunteer:

Mornings: Monday Tuesday Wednesday Thursday Friday

Afternoons: Monday Tuesday Wednesday Thursday Friday

Evenings: Monday Tuesday Wednesday Thursday Friday

What language skills would you contribute / (e.g., sign language, languages you speak other than English?)

Are you available/Interested in assisting with special projects such as mailings or office work?

No Yes

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REFERENCES:

Please print the **COMPLETE** mailing addresses and phone numbers of three people we may contact (**excluding relatives where possible**) who have known you for more than two years. Local references preferred:

#1

Name: _____ Relationship: _____

Email: _____

Phone Number(s): _____

#2

Name: _____ Relationship: _____

Email: _____

Phone Number(s): _____

#3

Name: _____ Relationship: _____

Email: _____

Phone Number(s): _____

CATHOLIC COMMUNITY SERVICE RESERVES THE RIGHT TO CONDUCT STATE AND FEDERAL BACKGROUND CHECKS:

Have you ever been convicted of a felony? Yes* No

Have you been convicted of a misdemeanor in the past five years? Yes* No

*Please explain:

Hospice Volunteers are also required to have a TB skin test. As a courtesy, Catholic Community Service provides testing free of charge.

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VOLUNTEER PRIVACY INFORMATION AND RELEASE AUTHORIZATION

Please read the following carefully.

APPLICATION INFORMATION

I certify that all information in this application is true and complete.

I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

REFERENCES

I understand that Catholic Community Service requires information from me to evaluate my qualifications for volunteer service.

I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, and emotional background and, if applicable, driving history.

I have read and understand the above and by my signature consent to these statements.

Volunteer Signature

Date



Department of Health and Social Services

DIVISION OF HEALTH CARE SERVICES
Background Check Program

4601 Business Park Blvd., Bldg K
Anchorage, Alaska 99503-7167
Main: 907.334.4475
Fax: 907.269.3488

Alaska Background Check Application

***Asterisks mark required fields. Applications will not be processed without complete information.**

Personal Information

Full Legal Name:

*Last _____ *First _____ M.I. _____

/ /
Date of Birth (mm/dd/yyyy)

Permanent/ Physical
Address:

*Physical Street Address _____ *Apartment/Unit # _____

*City _____ *State _____ *ZIP Code _____

Mailing Address (if different
than Permanent/ Physical
Address):

*Mailing Address _____ *Apartment/Unit # _____

*City _____ *State _____ *ZIP Code _____

Primary Phone: () _____

Secondary Phone: () _____

*Applicant's Email Address: _____

*SSN (or ITN) : _____

This is an ITN

Demographic Information

*Race:

(Asian, Black, White
Native American, or Unknown)

*Gender: (Male, Female,
Unknown, Other)

*Eye Color:

(Black, Blue, Brown, Hazel, Green,
Grey, Unknown)

*Hair Color: (Black, Blonde,
Brown, Grey, Sandy or Light Brown,
Red, White, Unknown)

*Height:

FT _____ IN _____

*Weight:

Lbs. _____

*Place of Birth
(Country/State):

US Citizen(Y/N):

Alias

Aliases/Prior Names (includes all names by which a person is currently known as, or has previously gone by, including nick names): Please attach additional pages as necessary

First Name: _____

Middle Name: _____

SSN/ITN:

This is an ITN

Last Name: _____

Date of Birth:

(mm/dd/yyyy)

First Name: _____

Middle Name: _____

SSN/ITN:

This is an ITN

Last Name: _____

Date of Birth:

(mm/dd/yyyy)

Prior Address History

Prior Addresses in the last 10 years: Please list the state(s) in which you have lived outside of Alaska for the last 10 years. This includes those states in which you have lived for schooling or training even if you remained an Alaska resident during that time. If you have lived in Alaska for the entirety of the last 10 years, you do not need to complete this section. Please attach additional pages as needed.

State: _____

Year(s) From: _____ to _____

State: _____

Year(s) From: _____ to _____

State: _____

Year(s) From: _____ to _____

Pre-Employment Information

Pre-Employment Information: Only complete this information if you are applying directly with a licensed and/or certified entity. The entity should provide you this information. If the entity does not provide this information to you, leave this section blank.

Provider Name: _____

State Program under which the individual will work, such as
Assisted Living, PCA, Hospital, Hospice, etc.: _____

Position Title: _____

Position Type: _____
(Employee/Independent Contractor/Volunteer/Other)

Instructions

1. You should only submit this form to the Background Check Program (BCP) if you have not already applied on-line or through a licensed and/or certified entity. You may apply on line at: <https://nabcs.dhss.ak.local/bcpapplicant>. Hard copy applications will only be processed in the order in which they are received and will not be processed until a full and complete application is received, including all applicable fees and fingerprint cards.
2. Hard copy applications submitted to the BCP will not be connected to any other application or to any specific provider type within the system and require fingerprint cards and all applicable fees. **Please note fees are non-refundable.**
3. Hard copy applications submitted to the BCP must be complete within 30 days from the date the application was received. All fees and fingerprint cards must be **received by** the BCP within the 30 day timeframe. Applications found incomplete after 30 days are automatically closed. If you still require a background check, you will be required to submit a new application including all fees and fingerprints.
4. Payments may be made by check, credit card or money order. Cash payments may only be made in person at 4601 Business Park Blvd., Bldg. K, Anchorage, AK 99503. All payments must be for the exact amount. If you wish to pay by credit card, you must contact the Background Check Program at (907) 334-4475 to make a payment over the phone. Fees for fingerprint based background checks are \$76.50 and are **not refundable.**
5. Please ensure you provide a valid email address. The email address will be used to communicate with you regarding your application status, including information regarding determinations or needed information.
6. If an eligible determination is made, you must associate with a licensed and/or certified entity within 100 days of the determination. Unassociated applications will be closed after 100 days without further notice and will immediately render a background check invalid. If you continue to need a valid criminal history check, you will be required to submit a new application including all fees and fingerprints.
7. A complete application includes this application form, non-refundable payment in the amount of \$76.50, and one set of fingerprints. Complete applications should be mailed to: State of Alaska, Background Check Program, 4601 Business Park Blvd., Bldg. K, Anchorage, AK 99503.

I, _____, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with DHSS guidelines.

I, _____, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

Applicant Signature

Date



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Health

DIVISION OF HEALTH CARE SERVICES

Background Check Program

4601 Business Park Blvd., Bldg. K

Anchorage, Alaska 99503-7167

Main: 907.334.4475

Fax: 907.269.3488

Please keep this document in your employee/associate's file. Upon request by the Department of Health, a copy must be provided within twenty-four (24) hours to the Background Check Program.

RELEASE OF INFORMATION AUTHORIZATION FOR BACKGROUND CHECK

I, _____, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Health (DOH), to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality, and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with DOH guidelines.

I, _____, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

I, _____, acknowledge that I have received a copy of the Privacy Rights and Statement located on pages two through four of this document.

I understand that if I am found not eligible for employment, volunteering, or other association, I will be given 90 days to appeal the information in the criminal or civil history. I understand to challenge the accuracy of the criminal history record, I must contact the agency which submitted the information, as directed under 28 CFR 16.30 through 16.34 and Alaska Regulation 13 AAC 68.300.

Applicant Printed Name

Date

Applicant Signature

Applicant SSN

Parent Printed Name (if applicable)

Parent Signature

This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.²
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.¹ Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.²
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjis/identity-history-summary-checks> y <https://www.edo.cjis.gov>.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.edo.cjis.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.³

¹ La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).

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.

As of 03/30/2018