



# Volunteer Application

COMPACT Family Services  
2325 Malvern Ave., Hot Springs, AR 71901  
Ph. (501) 262-1660 Fax (501) 262-0115

This application is to be completed by all volunteers for any type service you are requesting, especially the supervision or custody of minors. It is being used to help us provide a safe and secure environment for all the children involved with COMPACT. Only the leadership of COMPACT in relation to your services will use information provided here. However, the leadership of COMPACT reserves the right to share this information with other facilities if deemed necessary for the continued safety and security of minors or to comply with mandated requirements by law.

## PERSONAL AND FAMILY INFORMATION

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

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Gender: (Circle One) MALE / FEMALE

Social Security Number: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

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

Work Number: \_\_\_\_\_ Can you receive calls at work: Yes or No

Marital Status: (Circle One) Single / Married / Widowed / Divorced

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

Spouse's Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Names/Ages of Dependents:

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

Do you have any physical handicaps or conditions that would prevent you from performing certain types of activities relating to any type of your job? If so, please explain:

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Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation? If so, please explain:

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Have you been convicted of a traffic offense in the last 5 years? If so, please explain:

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Are you a born-again believer in Jesus Christ, also known as a Christian? Yes or No

When were you born again? Date: \_\_\_\_\_

Where do you presently attend church? \_\_\_\_\_

How long have you attended there? \_\_\_\_\_

Church Address / Phone Number / Pastor's Name:

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Have you worked with minors before? If so, how long? Yes / No \_\_\_\_\_

List all previous places you have worked with minors. Give the name, type of work you did, your responsibilities, and how long:

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List any gifts, callings, training, education or other factors that have prepared you for working at **COMPACT**:

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**Availability**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Interests**

- Tutoring                       Yardwork                       Hosting (Taking children off campus)
- Maintenance                       Cleaning                       Office work

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

*(No relatives may be used)*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

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