



1099 Waianuenuue Ave.
 Hilo, HI 96720
 Ph: (808) 935-8534

Date:
Department Volunteering For:

VOLUNTEER APPLICATION

Thank you for your interest in The Arc of Hilo. We deeply appreciate your services and convey our commitment to do the best we can to make your volunteer experience with The Arc of Hilo productive and rewarding

GENERAL INFORMATION

Name		Email Address	
Address		Day Phone No.	
City	State	Zip Code	Evening Phone No

Adult Protective Services (APS), Child Welfare Services (CWS), Hawaii Criminal Justice Center (E-Crim) Clearances are required.

Do you have a recent TB clearance? Yes No

Have you ever been convicted of a felony? Yes No If so, please describe? _____

Do you have limitations? Yes No If so, please describe? _____

Do you have any experience in working with person with disabilities? Yes No If so, please describe: _____

Please list your interest/skills: _____

Indicate days and times you are available: _____

In case of Emergency contact:			
Name		Relationship	
Home Phone		Work Phone	

Background Check Authorization: It is The Arc of Hilo's policy to conduct background checks on all of its employees and volunteers. The applicant authorizes The Arc of Hilo to conduct such review without further notice. Information provided on the application is confidential and will not be accessed without proper authorization	
Date	Applicant's Signature



1099 Waiānue Avenue Hilo, Hawaii 96720-2019 Ph: (808) 935-8535 Fax: (808) 934-7714

REQUIRED EMPLOYEE / VOLUNTEER CLEARANCES

All employees/volunteers of The Arc of Hilo are subject to background clearances as required and/or determined.

The Department of Human Services (DHS) requires The Arc of Hilo to conduct a criminal history record check and certain registry checks on applicable employees/volunteers.

Record checks may include fingerprint collection for submission to the Hawaii Criminal Justice Data Center (HCJDC) and Federal Bureau of Investigation (FBI). Registry clearances for Child Abuse and Neglect as well as Adult Protective Services, collectively referred to as CANS registry checks are also obtained.

The following information and authorization is necessary for online input to facilitate the above clearances.

ALL INFORMATION PROVIDED IS CONSIDERED TO BE CONFIDENTIAL

PERSONAL INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____ Please list any other names or alias you have used:

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Phone: _____ Alternate Phone: _____ E-Mail: _____

Would you like a text or email message reminder sent the day of your appointment for fingerprinting?

Text: _____ Email: _____

DEMOGRAPHIC INFORMATION

Citizenship: _____

Place of Birth: _____ City of Birth: _____
(USA - State OR Country/Province)

Gender: _____ Male _____ Female Race: _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

RELEASE

Please read and agree to the following:

Requesting Agency: The Arc of Hilo Ph: (808) 935-8535
 1099 Waianuenu Ave.
 Hilo, HI 96720
 Attn: HR Department

I hereby authorize the Department of Human Services (DHS) or its designee (The Arc of Hilo) to conduct a criminal history record check on me and to release the fitness determination of this information to the requesting agency above.

I understand that the information I provide about me shall be used solely for the purposes of conducting a criminal history record check and registry check. I also understand that the release of this information will be used as part of a background check for employment/volunteer which may result in suspension, termination, or failure to be hired, or not allowed to volunteer as a result of this record check.

I authorize The Arc of Hilo to provide this information on my behalf to the appropriate agency performing the above mentioned background checks.

This authorization is valid for one year from the date signed below.

Signature: _____ Printed Name: _____

Date: _____

The Arc of Hilo MUST have this original form on file.