



## VOLUNTEER APPLICATION

Please Print Clearly and Use Blue or Black Ink

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

All portions of this application must be completed in its entirety.

Name: \_\_\_\_\_ Maiden name (if applicable): \_\_\_\_\_ Valid Phone # \_\_\_\_\_

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

How long at current address? : \_\_\_\_\_ (If less than 7 years, list previous address)

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

Driver's License Number and State: \_\_\_\_\_ D.O.B. : \_\_\_\_\_

### Employment History:

Current employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? : \_\_\_\_\_

### Education

### Date of Graduation

### Name of School

### Field of Degree

\_\_ High School/GED \_\_\_\_\_

\_\_ Associates Degree \_\_\_\_\_

\_\_ College Degree \_\_\_\_\_

\_\_ Graduate Degree \_\_\_\_\_

What is your Marital Status? ( ) Married ( ) Single ( ) Divorced

### In case of an emergency call:

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

Relationship to you: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Do you have any illness or medical condition that would affect your ability to provide volunteer services?

( ) Yes ( ) No

If yes, please provide a list of all illnesses or medical conditions: \_\_\_\_\_

In the past five years, have you ever been arrested or convicted of any criminal offense including but not limited to driving while intoxicated? ( ) Yes ( ) No

If YES, please explain: \_\_\_\_\_

**References:** Please list the name, occupation and telephone numbers of three people (other than relatives) who know you well enough to provide us with a reference.

Name Occupation Work Phone Home Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPAR Athletics: "Building Shreveport Communities, One Game at a Time"

## DISCLOSURE AUTHORIZATION (Employment Purposes)

### 21736 – City of Shreveport Human Resources

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In connection with my application for employment, I understand that a consumer report and/or an investigative consumer report may be requested and obtained for employment purposes on behalf of the City of Shreveport. I also understand that, if I am hired, a consumer report and/or an investigative consumer report may be requested and obtained during the course of my employment.

The report may include information regarding my character, general reputation, personal characteristics, mode of living, and credit standing which may confirm or deny my eligibility for employment with the City of Shreveport. The information contained in the report will be obtained from private and public record sources, including, as may be appropriate, personal interviews with sources such as neighbors, friends and associates.

By providing the information requested below and signing this Disclosure Authorization, I authorize the City of Shreveport to request and obtain a consumer report and/or investigate consumer report regarding me. I also acknowledge that a facsimile or photographic copy of this Disclosure Authorization will be as valid as the original.

Applicant's Full Name (Please Print): \_\_\_\_\_

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

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

Date of Birth (MM/DD/YY): \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*\*\*The City of Shreveport is required by law to provide the FCRA Summary of Rights with each background investigation. We utilize this investigation primarily for criminal background checks\*\*\**