



Healing House
HOPE FOR GRIEVING CHILDREN

Volunteer Facilitator Application

Name _____ Email _____ Birthday _____
 Mailing Address _____ City _____ State _____ Zip _____
 Physical Address (if different) _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Social Security # (for background check) _____ - _____ - _____

Information Relevant to Volunteering at Healing House (you may write on the back of this sheet if needed)

Educational Background (e.g., degree(s), major/minor, workshops)

Work Experience (include relevant certification/licensing)

Personal Experience

What interests you in volunteering at Healing House?

Emergency Contact:

Name _____ Phone _____
 Relationship _____

References: (Please give two) 1. Name _____ Home # _____ Work/Cell # _____
 Address _____ City _____ State _____ Zip _____
 2. Name _____ Home # _____ Work/Cell # _____
 Address _____ City _____ State _____ Zip _____

To Be Filled Out by Healing House
Criminal Record Check _____

Completed Facilitator Training _____

Assignment _____

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$12 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY
****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION****

****PLEASE PRINT****

Healing House

AGENCY, FACILITY OR INDIVIDUAL

Jenee Broussard

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

160 S. Beadle Rd.

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Lafayette

CITY

LA

STATE

70508

ZIP CODE

(337) 234-0443

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

Kim @healing - house . org

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL BEVERAGE OUTLET
BEHAVIOR ANALYST BOARD
BOARD OF EXAMINERS (PSYCHOLOGIST)
BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO)
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE / WORKING WITH CHILDREN
DENTISTRY BOARD
DEPT. OF AGRICULTURE AND FORESTRY
DEPT. HEALTH AND HOSPITALS
DEPT. OF INSURANCE - FRAUD DIVISION
DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)
DCFS ABUSE/NEGLECT INVESTIGATION
DCFS CARETAKER
DCFS FOSTER/ADOPTIVE
DCFS PERSONNEL
DRUG AND DEVICE DISTRIBUTORS
EMPLOYERS
FIREFIGHTERS
FIRE MARSHAL
GESTATIONAL CONTRACTS
HEALTH CARE PROVIDER (Non Licensed)
JUVENILE DETENTION CENTER
LA BOARD CHIROPRACTIC EXAMINERS
LA PHYSICAL THERAPY BOARD
LA STATE BOARD SOCIAL WORK EXAMINERS
LICENSED PROFESSIONAL COUNSELORS
MEDICAL EXAMINERS
OFFICE OF FINANCIAL INSTITUTIONS
OMVC - COMMERCIAL DRIVING EXAM ADMINISTER
OMVE - EMPLOYEE ISSUING COMMERCIAL DL
OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION
OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT
PHARMACY BOARD
POST SECONDARY EDUCATION
PRACTICAL NURSING
PRIVATE ADOPTION
PRIVATE INVESTIGATORS
PRIVATE SECURITY
PUBLIC HOUSING
REGISTERED NURSING
RELIGIOUS ACTIVISTS
SCHOOL
SUPREME COURT COMMITTEE BAR ADMISSION
TAXI DRIVERS
TESS WINDOW TINT
VOLUNTEER LOUISIANA COMMISSION
X WORKING WITH CHILDREN

APPLICANTS FULL NAME: LAST FIRST MIDDLE
****PRINT - USE INK****
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE:

APPLICANTS SOCIAL SECURITY # DATE OF BIRTH: / /

ID or DRIVERS LICENSE # & STATE RACE SEX

POSITION OR LICENSE APPLIED FOR

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

ATN _____

SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION
 P.O. BOX 66614 (MAIL SLIP A-6)
 BATON ROUGE, LA 70896

LSPAPP3/Revised 10/2015

Healing House
 AGENCY, BUSINESS OR INDIVIDUAL NAME

160 S. Beadle Rd.
 MAILING ADDRESS

Lafayette LA 70508
 CITY STATE ZIP CODE

NOTICE:
 PLEASE PRINT OR TYPE
 INFORMATION, EXCLUDING
 ADMINISTRATORS OR AUTHORIZED
 PERSONS SIGNATURE.

**INCOMPLETE FORMS WILL NOT BE
 PROCESSED.**

NAME OF APPLICANT	DATE OF BIRTH (STATE)	PLACE OF BIRTH	RACE / SEX
WEIGHT	HEIGHT	HAIR COLOR	EYE COLOR
SOCIAL SECURITY NUMBER			

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION

RAPSHEET ATTACHED

RESPONSE BELOW