



March 2021

Dear Applicant,

Thank you for your interest in a position with the summer and/or weekend Camping Programs at Camp Aldersgate. As the Pandemic persists, Camp Aldersgate is working diligently to ensure that we are able to safely serve all of our campers, volunteers, and staff this year, and is VERY excited to announce that we will be offering both virtual and modified in-person programming this summer. These programs are designed provide unique opportunities for children with medical, physical, and developmental challenges to connect and build meaningful relationships with their peers while participating in engaging, staff-led activities direct from home during virtual sessions and/or immersive residential summer camp experiences onsite.

Enclosed, you will find:

- *The Camping Programs - Information for Summer Staff Applicants* which describes available positions, salary, job requirements and the camp calendar
- *Application for Employment*
- *3 Blank Reference Forms*
- **Adult Maltreatment Registry Information Request* (Camp provides fee & notary. We only need your information and signature.)
- **Child Maltreatment Background Request* (Camp provides fee & notary. We only need your information and signature)
- **Criminal Record Check Request* (Camp provides fee & notary. We only need your information and signature)

*We will need the original copies of your background check forms (highlighted above) with your original signature in order to notarize and process them. Please return these forms as soon as possible to:

Attn: Katie Jenkins
Camp Aldersgate
2000 Aldersgate Road
Little Rock, AR 72205

In this packet you will also find Camp Aldersgate's Covid-19 Risk Mitigation, Preparedness, and Response Outline. Additional information regarding Covid-19 Procedures & Guidelines will be sent to you prior to your interview. If you are applying to work summer camps, the first round of selections will be made from applications submitted before April 15, 2021 and the deadline for any application submissions will be April 30, 2021. After your application is received and processed, you will be contacted to schedule an interview. *Please be sure to include current telephone numbers and email addresses on your application.*

If you have any questions or need additional information, please email me at kjenkins@campaldersgate.net or call me at 501.225.1444. You may also visit our website at www.campaldersgate.net.

Sincerely,

Katie Jenkins, CTRS
Program Coordinator

2000 Aldersgate Road • Little Rock AR 72205 • phone 501.225.1444 • fax 501.225.2021 • www.campaldersgate.net



2021 Summer Camping Programs

INFORMATION FOR SUMMER STAFF APPLICANTS

VIRTUAL CAMP DESCRIPTION

Camp Aldersgate's Virtual Summer Camping program provides week-long camp experiences for children with medical, physical, and developmental challenges. Through this program, we aim to deliver opportunities for campers to connect and build meaningful relationships while participating in staff-led activities from the comfort of home. Participants will receive a package containing all of the supplies needed to engage in live, interactive, online sessions. A typical week of virtual camp is as follows:

Hours: Sunday~ 6:00pm

Monday-Thursday~ 10:30am, 1:00pm, 3:00pm, 6:00pm

Friday~ 10:30am

Activity periods listed above typically last between 45-60 minutes and are subject to change.

MODIFIED RESIDENTIAL CAMP DESCRIPTION

The purpose of Camp Aldersgate's Summer Residential Camps is to provide traditional week-long residential camp experiences for children with medical, physical, and developmental challenges. The 6-week program consists of one counselor training week (July 5-9, 2021), three sessions dedicated to children with medical diagnoses and/or disabilities, one "Kota Camps" sessions which provide an inclusive camping environment for children with and without disabilities, and one specialty camp (Camp Sunshine).

The program is designed so children of ALL abilities can participate and most importantly succeed. Activities may include nature hikes, archery, canoeing, swimming, fishing, music, arts and crafts, etc. The activities increase campers' self-esteem by creating opportunities for them to meet personal challenges. The children are able to learn from others who have similar conditions and experiences by living in a group environment. Participation in personal hygiene and housekeeping chores encourage campers' responsibility and independence. They learn to work in harmony with others, broaden skills and interests, and develop initiative and resourcefulness.

COMMITMENT

Summer staff, both virtual & residential, are hired for a minimum of 4 weeks to a maximum of 10 weeks (depending on the needs of the camp and the preferences of the counselor) during our summer camping season (June 6 – August 12).

Working the full summer is recommended and hiring preferences will be made towards applicants who apply for all or majority of weeks. Attendance during the Staff Training Week (July 5-9, 2021) is *mandatory* for counselors applying for residential camp sessions. During camp, counselors receive a scheduled break each day.

ACCREDITATION

Camp Aldersgate is accredited by the American Camp Association (ACA). The ACA is a professional organization which establishes standards for camping and issues accreditation to camps who meet the standards.

STAFF TRAINING

The summer program begins July 5, 2021, with a week of intensive training for all staff. During the training, staff members receive instruction in camp activities, group dynamics, leadership skills, Covid-19 policies & preparedness, emergency procedures and specialized training needed to work effectively with children and youth who have medical conditions and physical disabilities. The training sessions are conducted by program specialists, doctors, nurses, therapists, and health agency representatives. Lifeguard training for applicants interested in obtaining certification will be held at camp June 27-July 1, 2021.

STAFF POSITIONS AVAILABLE (as of March 2021)

Positions are available for young men and women who have a variety of skills and who enjoy working with children. Previous experience is not required; however special consideration will be given to applicants who have specific certifications (such as American Red Cross Lifeguarding, Archery, Ropes Course, etc.), program skills, experience working with individuals with disabilities, or prior camping experience.

COUNSELOR: Counselors live with a small group of campers and supervise them in all their activities. Depending upon the nature of a camper's medical condition, the counselor can expect to provide assistance in dressing, eating, showering and a variety of other procedures for which the counselor will receive training.

Requirements:

Virtual Camp Counselors must be at least 18 years of age and/or have completed one year of college. Prior experience as a Volunteer Counselor at Camp Aldersgate is preferred. Summer camp salary is \$200.00 per week for each week of camp scheduled to work. Virtual camp counselors will be required to be onsite to assist with the implementation of scheduled virtual camp activities.

Residential Counselors must be at least 18 years of age and have completed one year of college. Prior experience as a Volunteer Counselor at Camp Aldersgate is preferred. Summer camp salary is \$250.00 per week for a *first year* Counselor; \$275.00 per week for a *returning* Counselor; plus room and board for each week of camp scheduled to work.

Each session there will be one counselor in each cabin assigned as the *Senior Counselor* and will have the overall responsibility for that cabin group. Senior Counselors will receive \$300.00 per week assigned.

Residential Junior Counselors must be at least 16 years of age and have completed the 10th grade. Prior experience as a Volunteer Counselor at Camp Aldersgate is preferred. Salary is \$200.00 per week plus room and board for each week assigned.

Volunteer Counselors begin at age 14 and must attend the volunteer training prior to camp. Volunteer Counselors will be assigned to work at least 1 week during the summer. If interested in a volunteer position, please complete the 2021 Youth Volunteer Application (<https://www.campaldersgate.net/volunteer/>)

INTERVIEWS AND HIRING

While the deadline for submitting applications is April 30, 2021, it is requested that applications be returned as soon as possible. After applications are received and reviewed, candidates will be scheduled to interview.

ADDITIONAL INFORMATION

For questions contact:

Katie Jenkins, CTRS

Program Coordinator

Camp Aldersgate, Inc.

2000 Aldersgate Road, Little Rock, AR 72205

(501) 225-1444

kjenkins@campaldersgate.net

www.campaldersgate.net

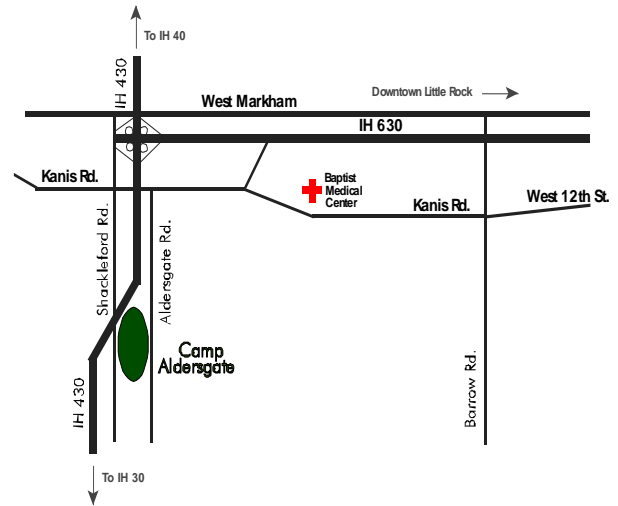
LOCATION

Camp Aldersgate is located in Little Rock, ½ mile south of Kanis Road and 1 block east of Shackelford Road. The camp can be reached via I-430 or I-630 using the Shackelford/Kanis exit.

2021 VIRTUAL SUMMER CAMP SCHEDULE

While there are two sessions offered during the same time-period, each session listed below is an independent program.

June 6 – 11	Muscular Dystrophy Camp
June 6 – 11	Spina Bifida Camp
June 13 – 18	Kota 1
June 13 - 18	Cardiac/Arthritis/Kidney Camp
June 20 – 25	Cancer/Bleeding Disorders Camp
June 20 – 25	Diabetes Camp
June 28 – July 1	Specialty Camp (Camp Hope)



2021 RESIDENTIAL SUMMER CAMP SCHEDULE

TBA	Activity Staff Training (lifeguards)
July 5 - 9	<u>MANDATORY</u> Staff Training Week (for residential camp counselors)
June 11 - 16	Session 1
June 18 – 23	Session 2
June 25 – 30	Session 3
August 1 – 6	Session 4 (Kota Camp)
August 9 – 12	Specialty Camp (Camp Sunshine)

Camp Aldersgate's Covid-19 Risk Mitigation

Covid Preparedness & Response Plan Including:

1. Health Screening for Symptoms for COVID-19 and Medical Testing for SARS-COV-2
 - a. Pre-Camp Behavior Awareness and Screening
 - b. Pre-Camp Medical Testing for SARS-COV-2 Virus (RNA via PCR analyses or viral proteins via antigen analyses)
 - c. Screening upon arrival
 - d. In-Session
 - e. Staff additional testing considerations
2. Implementation of Non-Pharmaceutical Interventions (NPIs)
 - a. Face coverings
 - b. Physical distancing
 - c. Use of cohorts
 - d. Residential housing arrangements
 - e. Ventilation in buildings
3. Activity Program Modifications
 - a. Outdoor, limited shared equipment, all cleaned and disinfected between uses, sanitation stations, remaining among cohorts
4. Food Safety and Meal Service
 - a. Camper, staff and volunteer pick-up and drop-off
 - b. Visitor restrictions
 - c. Vendor deliveries
 - d. Staff safety restrictions between sessions
5. Cleaning and Disinfection Practices
6. Personal Protective Equipment (PPE)
 - a. Provide and train staff of appropriate PPE provided and care and treatment to be utilized (DISCUSS PHYSICIAN'S TRAINING ON COVID-19)
7. Management of Suspect and Confirmed Individuals
 - a. Isolation, Quarantine, Communication, Sanitation
8. Contingency Plans
 - a. Sustaining core leadership, administrative, health and first aid management and activities in the event that staff member is affected
 - b. Staff and parent communication

* Nonpharmaceutical interventions (NPIs) include:

- Pre-camp activity and behavioral requirements for all camp participants, daily health screenings, face coverings, physical distancing measures, outdoor programming and modified low-contact activities, use of cohorts for sleeping, eating, and group activities, hygiene and cough etiquette, ventilation and air cleaning measures for indoor spaces, surface cleaning and disinfecting practices, and medical case management and contact tracing for identification, isolation and quarantine of individuals with COVID-19 and their close contacts.

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Staff Application

Date of application _____

Are you over the age of 18? (circle) yes no If you are under the age of 18, please provide your birth date ____/____/____

Name _____ T-Shirt Size: S M L XL XXL
LAST FIRST MIDDLE

E-Mail _____

Position(s) applying for: (circle one or both) Counselor Junior Counselor Returning Counselor Supervisor

Which programs are you applying for (circle 1 or multiple): summer virtual camp summer residential camp weekend camps (during school yr)

PERMANENT ADDRESS INFORMATION
Your family home or year-round residence

Address _____
STREET CITY COUNTY STATE/ZIP

Telephone # home: (_____) cell/other: (_____)

CURRENT ADDRESS INFORMATION
Complete if you are temporarily residing at an address other than your family home due to school, employment, etc.

Address _____
STREET CITY COUNTY STATE/ZIP

How did you learn about this position? (circle) internet school advertisement employee relative other (please specify) _____

Current level of education: (circle) junior high high school college (yr. completed ____) other _____

Have you ever been a *camper* or *volunteer* at Camp Aldersgate? (circle) yes no

If yes, which camp(s) have you attended and when did you attend? (camp/year) _____/_____
 _____/_____; _____/_____; _____/_____

Have you filed an application here before? (circle) yes no If yes, give date: _____

Have you ever been employed here before? (circle) yes no If yes, give dates: from _____ to _____

Position(s): _____ Under what name? _____

Are you legally eligible for employment in this country? yes no (Proof of U.S. citizenship/immigration status required upon employment.)

Please list your interests/hobbies: _____

Describe your special skills: _____

Have you been convicted of a felony in the last seven years? (circle) yes no If yes, please explain _____

EMPLOYMENT HISTORY

(This section must be completed in full.)

List your last three employers, assignments or volunteer activities, starting with the most recent, including military experience. Attach extra pages if needed. A complete resume is acceptable for the listing of employment in addition to the last three jobs.

Dates Employed	Employer	Address & Phone	Nature of Work	Reason for Leaving
	Name of Supervisor		Salary/Wage	
From				
To			\$_____per_____	
From				
To			\$_____per_____	
From				
To			\$_____per_____	

Comments (including explanation of any gaps in employment) _____

EDUCATIONAL BACKGROUND

List last three schools attended, starting with the most recent; List number of years completed; Indicate degree or diploma earned, if any; major and/or minor field of study (if applicable).

School	Years Completed	Degree Diploma	Major Minor

List any foreign language(s), including sign language, and check the box(es) that best describes your skill level.

Language	Read	Speak	Years Experience

REFERENCES

List the name and telephone number of three professional, school, or personal references who are not related to you.

Name	Relationship	Email Address & Telephone	Years Known

List any additional information or comments you would like us to consider such as special training, certifications, special accomplishments; awards etc. _____

Name: _____

CAMP PROGRAM SKILLS

The following is a list of some camp activities which may be offered at camp. Please review the list and indicate whether you would be comfortable leading the activity (mark L) or assisting with the activity (mark A). Also, please list any other talents, hobbies, recreational interests which would benefit camp.

_____ Canoeing/Boating	_____ Photography
_____ Fishing	_____ Wilderness skills
_____ Swimming	_____ Arts and crafts
_____ SCUBA	_____ Group games
_____ Archery	_____ Playing instrument(s) Please list: _____
_____ Nature/Environmental studies	_____
_____ Disc Golf	_____ Tribe Chief (leading one of the two tribes each camper belongs to)
_____ Cooking	Other Talents, Hobbies, Recreational Interests etc.:
_____ Other sports: _____	_____
_____ Drama/Skits	_____
_____ Journalism	_____
_____ Dance	_____
_____ Music/Singing	_____

EXPERIENCE AND SKILLS

Do you hold current certification in each of the following:

- American Red Cross Lifeguarding No Yes Expiration date: _____
- First Aid No Yes Expiration date: _____
- CPR No Yes Expiration date: _____

Please list any other certification(s) (such as ropes/challenge course, archery, health and/or medical, educational, environmental, etc.): _____

If you are interested in serving as Specialty Camp contract staff throughout the year, please indicate in which areas you would like to be considered for additional training/certification: (check all that apply)

- Lifeguarding Archery Lead Staff

STATEMENT OF FACT

Camp Aldersgate, Inc. is an equal opportunity employer and does not discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

RELEASE OF INFORMATION

I hereby authorize and request every individual, corporation, school or university, employer, firm, criminal justice agency, city, county, state or federal agency, and their authorized representatives to release and furnish to Camp Aldersgate, Inc. and their authorized representatives, any and all information and records pertaining to me.

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person or organization.

Signature of Applicant (or parent/guardian if applicant is under 18)

Date of Signature

MEMO OF UNDERSTANDING

I, the below signed individual, have read and fully understand the above information. I hereby declare that to the best of my knowledge and ability, the information on this application is true and factual. I understand that intentionally false statements could lead to my dismissal as an employee or rejection as an applicant.

I also understand that employment at Camp Aldersgate, Inc. requires that special background checks be made and failure to meet these requirements may lead to my rejection as an applicant or dismissal if I have been employed. These may include the State of Arkansas Department of Human Services Child Abuse and Neglect Registry, Police Criminal Records, and the Federal Bureau of Investigation.

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation if I have been employed.

Signature of Applicant (or parent/guardian if applicant is under 18)

Date of Signature

Please return completed application to:

Katie Jenkins, CTRS
Program Coordinator
Camp Aldersgate
Staff Applications
2000 Aldersgate Road
Little Rock, AR 72205

2021 Summer Camp Schedule Preference Form

Name of Applicant: _____ Date: _____

Current Status: *New Counselor* *Junior Counselor* *Returning Counselor* *Supervisor*

Signature of parent or guardian: _____ Date: _____

(If applicant is under 18 years of age)

Summer Camp Week Preferences - Below is the 2021 Camp Aldersgate Summer Camp Schedule. Any weeks marked below will indicate that the applicant is available to work that session, but does not necessarily mean that they will be assigned to that week. The program coordinator in charge of staffing will work to assign counselors to work the weeks that they indicate that they are available. Some applicants may be placed on a waiting/on-call list. All summer 2021 residential staff must attend the mandatory staff training week in addition to working ALL 5 summer residential sessions. Priority will be given to those who have submitted a completed application on time and are available to work the entire summer.

2021 Virtual Summer Camp Schedule (& Themes)

**If you are interested in working virtual camps, please indicate which week(s).*

<input type="checkbox"/> June 6 - 11	Muscular Dystrophy Camp	Pirates, Sailors, & Mermaids
<input type="checkbox"/> June 6 - 11	Spina Bifida Camp	Pirates, Sailors, & Mermaids
<input type="checkbox"/> June 13 - 18	Kota	Disney
<input type="checkbox"/> June 13 - 18	Cardiac/Arthritis/Kidney Camp	Disney
<input type="checkbox"/> June 20 - 25	Diabetes Camp	Cirque du Star Wars (<i>circus/space theme mashup</i>)
<input type="checkbox"/> June 20 - 25	Cancer/Bleeding Disorders Camp	Cirque du Star Wars (<i>circus/space theme mashup</i>)
<input type="checkbox"/> June 28 - July 1	Specialty Camp: Camp Hope	TBA

Summer Residential & Kota Camps (& Themes)

<input type="checkbox"/> TBA	Activity Staff Training (lifeguards)	
<input type="checkbox"/> July 5 - 9	<u>MANDATORY</u> Staff Training Week	
<input type="checkbox"/> July 11 - 16	Session 1	Spirit Week
<input type="checkbox"/> July 18 - 23	Session 2	Marvel & DC
<input type="checkbox"/> July 25 - 30	Session 3	Patriotic
<input type="checkbox"/> August 1 - 6	Session 4 (Kota Camp)	Under the Sea
<input type="checkbox"/> August 9 - 12	Session 5: Specialty Camp	TBA

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Camp Aldersgate

COUNSELOR REFERENCE FORM

Please send this form to each of the three people who will give your reference. He/She should mail it back to Camp Aldersgate in a sealed envelope. References will not be accepted from relatives or those under age 23.

To: _____ Date _____
(Name of person who will make the referral)

From: _____
(Name of Applicant)

The person named above has applied for a Counselor position at Camp Aldersgate and has given your name as a reference. The applicant has authorized the release of any and all information pertaining to them. Your opinion will be treated with confidence and will be seen only by those authorized to select new counselors. If selected, the applicant will be assisting children with medical conditions and/or physical disabilities experience a week of summer camp. Please give a frank appraisal only on the characteristics you have had the opportunity to observe. If you have not had the opportunity to observe the applicant with regard to any of the traits listed, please mark "N/A" in the right margin.

Characteristic	Poor	Fair	Average	Good	Superior
Responsibility					
Patience					
Dependability and reliability					
Maturity					
Attitude					
Enthusiasm					
Initiative & Energy					
Emotional stability					
Leadership ability					
Adaptability					
Willingness to follow directions					
Ability to work with others					
Personality					
Appearance					
Ability to work well without supervision					
Character					
Overall Rating					

Do you feel the applicant is a good candidate for a camp counselor position working and living with children with special needs? _____

Camp Aldersgate

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Patience					
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Enthusiasm					
Initiative & Energy					
Emotional stability					
Leadership ability					
Adaptability					
Willingness to follow directions					
Ability to work with others					
Personality					
Appearance					
Ability to work well without supervision					
Character					
Overall Rating					

Do you feel the applicant is a good candidate for a camp counselor position working and living with children with special needs? _____

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Patience					
Dependability and reliability					
Maturity					
Attitude					
Enthusiasm					
Initiative & Energy					
Emotional stability					
Leadership ability					
Adaptability					
Willingness to follow directions					
Ability to work with others					
Personality					
Appearance					
Ability to work well without supervision					
Character					
Overall Rating					

Do you feel the applicant is a good candidate for a camp counselor position working and living with children with special needs? _____

**ARKANSAS DEPARTMENT OF HUMAN SERVICES
REQUEST FOR ADULT MALTREATMENT REGISTRY INFORMATION**

Print all information in ink.

Name	Date of Birth
Maiden Name and/or Any Names Formerly Used	Social Security Number
Email Address Click here to enter text.	
Current Address (Street, City, State, Zip)	
List all previous addresses for the past five years. (Attach additional pages, if needed.)	Dates (From/To)

I authorize Department of Human Services/Adult Protective Services to release information from the Adult Maltreatment Central Registry in accordance with Ark. Code Ann. § 12-12-1717 to the following:

Agency Name/Contact Person

Mailing Address (Street or PO Box, City, State, Zip)

Agency type:

- Volunteer (no charge)
- Non-Profit (no charge)
- State Agency (no charge)
- All Others (\$10.00 Fee)

I further certify that the information provided on this form is true and correct.

Signature _____ Date _____

COUNTY OF _____
STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires

[SEAL]

For APS use only:

The above named applicant was _____ / was not _____ listed in the Adult Maltreatment Central Registry.

Verified by: _____

MAIL THE COMPLETED FORM TO:
Adult Maltreatment Central Registry - Slot W240
PO Box 1437
Little Rock, AR 72203
Email: aamr@dhs.arkansas.gov
Fax: 501-682-6393

CHILD MALTREATMENT BACKGROUND CHECK REQUEST

SEND TO: CENTRAL REGISTRY
Department/Volunteer
P.O. BOX 1437, SLOT 710
LITTLE ROCK, AR 72203

Send True Report to: Personnel
Camp Aldersgate
2000 Aldersgate Rd.
Little Rock, AR 72205

PROVIDE THE FOLLOWING INFORMATION FOR THE PERSON TO BE CHECKED:

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME ALIASES

DATE OF BIRTH - - SOCIAL SECURITY # - -

RACE: MALE FEMALE

ADDRESS (STREET/APT.) CITY STATE ZIP

FULL NAME OF OWN CHILDREN

I hereby authorize the Arkansas Child Maltreatment Central Registry to release any information contained in their files concerning the undersigned and any birth/legal children ages 10 through 17 who now or have resided in my home to Camp Aldersgate, Inc. Also, I understand that the name of any confidential informants will not be released.

Signature of Person To Be Checked

Date

Camp Aldersgate, Inc.
(Name of Agency to Receive Report)
2000 Aldersgate Rd Little Rock
(Street Address) (City)

Mimi Hyatt – Administrative Coordinator
(Agency Representative)
AR 72205
(State) (Zip)

COUNTY OF _____
STATE OF ARKANSAS

Acknowledged before me this _____ day of _____, 20_____

NOTARY PUBLIC

(My Commission Expires)

REQUEST FOR CRIMINAL RECORD CHECK

Obtain forms from: AR Department of Human Services, Division of Provider Services & Quality Assurance (DPSQA)
PO Box 1437, Slot S-530, Little Rock, AR 72203-1437, (501) 320-6408.

State-only Criminal Record Check Required items:

1. This form completed, signed, and notarized
2. \$25 check/money order made payable to:
"Arkansas State Police"

3. MAIL this form and attachments to:
State Identification Bureau, Arkansas State Police,
#1 State Police Plaza Drive
Little Rock, Arkansas 72209

Type of Provider: Licensed DDTCS ____ Certified Early Intervention ____ Certified Waiver ____ New ____

Provider submitting form: _____
Name of Provider Address City/Zip

Name of Provider Contact Person Telephone number (include Area Code)

Name of person to be checked: _____
Last Name First Name Middle Name

Current address _____
Street City State ZIP Code

Maiden Name Aliases Date of Birth (month/day/year) Telephone

Social Security Number Race Sex (M/F) Driver's License Number State of Issuance

Note: The name, address, and date of birth listed above must appear on a valid identification document issued by a government entity.

Please list the document used if not the person's driver's license: _____

The person listed above must list all past felony or misdemeanor charges for which he/she was found guilty or to which he/she pled guilty or nolo contendere:

Date of charge	Location	Description of charge	Sentence/Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notice to Applicant: By signing this form you give consent for the Arkansas State Police to release your criminal history report to the employer listed above and to the Division of Developmental Disability Services (DDS). Pursuant to Arkansas Code Ann. § 20-38-101 et.seq, DDS will issue a letter of determination to the employer stating your employment eligibility based on your criminal history report. The employer must then provide you with a copy of the determination letter. Prior to the receipt of the determination letter, the employer may choose to deny any employee unsupervised access to a person to whom the employer provides care. You may obtain a copy of your criminal history report from the employer. You must direct any challenges to the accuracy of the report to the Arkansas State Identification Bureau, Arkansas State Police, #1 State Police Plaza Drive, Little Rock, Arkansas 72209 (501) 618-8500.

Statement of Oath: I state on oath that the representations made herein are true, complete, and correct.

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code Annotated § 5-53-103.

Signature of Applicant/Employee Date

Notarization: State of Arkansas County of _____ Subscribed and sworn to before me, a Notary Public, in and for the county and state

noted above this the _____ day of _____, _____
Notary Public

My commission expires on _____, (year)_____.

(Notary Seal)

FOR ARKANSAS STATE POLICE ONLY

82005 Civil Records Check @ \$25 via postal mail (\$22 via online services)

80007 & 80006 FBI Records Check \$13.25