



ADULT BACKGROUND CHECKS PAGE 1 OF 2 (18 yrs and over)

Submit to The Good Shepherd Alliance office ONE WEEK prior to your visit.

The Good Shepherd Alliance, Inc.

Affidavit for Release of Information and Criminal Disclosure Form

By virtue of my signature, I certify the name, address, personal descriptive information and criminal record disclosed is accurate as recorded on this document and any fingerprint impressions taken belong to me.

Applicant/Volunteer Last Name: _____

First Name: _____

Middle Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Applicant/Volunteer Criminal Record Information

I HAVE BEEN convicted of, or under pending charges(s) or indictment(s) for the following crime(s) either within or outside the Commonwealth of Virginia. List all charges: use additional space as necessary.

CHARGE	Felony/Misdemeanor	DATE	Jurisdiction (county & state)	Disposition

I HAVE NOT BEEN convicted of, or under pending charge(s) or indictment(s) for any crime(s) either within or outside the Commonwealth of Virginia.

Signature of Applicant/Volunteer

Date

I hereby give my consent and authorize The Good Shepherd Alliance, Inc. and its representative(s) to employ the Virginia State Police, the Federal Bureau of Investigations, and/or Volunteer Select to search any available files for a criminal history record and report results of searches to the agent or individual authorized in this document to receive and maintain record of same.

Signature of Volunteer/Applicant

Please include birth date, social security number on this form and sign both signature lines at the bottom. (No digital signatures)



Good Shepherd Alliance Volunteer Information Sheet

ADULT VOLUNTEER BACKGROUND CHECKS PAGE 2 OF 2, submit 1 week prior

MR MRS MS MISS	First Name	Last Name	DOB	
Address		City	State	Zip
Home Phone	Work Phone		Email	
Emergency Contact		Emergency Contact Phone		
Organization (Groups Only)		Church Affiliation		

AVAILABILITY

Monday		Hours	
Tuesday		Hours	
Wednesday		Hours	
Thursday		Hours	
Friday		Hours	
Saturday		Hours	
Start Date		End Date (if applicable)	

Please indicate the types of volunteer service you can offer.

Maintaining an Individual's confidentiality and dignity is of the utmost importance at GSA. Records are kept on any individual or family requesting our services. The staff and volunteers will consider all information gathered about an individual as private and confidential. All records are the property of GSA.

CONFIDENTIALITY STATEMENT - Confidentiality will be maintained by the following guidelines:

- No information will be made public knowledge without the written consent of The Good Shepherd Alliance.
- **Volunteers are not to get involved in the lives of the guests.** We offer an intensive case management program. If you have questions please call the GSA office.
- **Please do not go to or return to the shelter without expressed permission of the GSA office staff.**
- Volunteers or children of volunteers cannot enter any guest's rooms.
- **We request that you do not bring donations or gifts directly to the shelter. If there are items that you would like to donate, contact our Case Management Office at 703-724-1555.** (Address: The Good Shepherd Alliance, Inc., 20684 Ashburn Rd., Ashburn, VA 20147)
- You may not give out telephone numbers of Shelters or Shelter staff, addresses of the shelters, names/personal information about guests or take any pictures.
- No one other than a GSA staff member may solicit information from an individual on the premises of GSA. Violation of these guidelines will result in a "request to leave" by the Program Director and/or the Executive Director.
- Violation of confidentiality policies will be considered sufficient reason to terminate the employment or volunteer service.

I have read and understand the Confidentiality Policy of GSA and retained a reference copy for myself.

Signature of Volunteer (no typed or digital signatures)

Date _____