



Will you authorize Aaron's Staff to do a criminal background check?  Yes  No

Have you ever been convicted of or pled guilty to either a misdemeanor or a felony, including but not limited to drug-related convictions, child abuse, other crimes of violence, theft or motor vehicle violations?  Yes  No

If yes, please explain fully: \_\_\_\_\_

Most Aaron's Staff Volunteers are direct caregivers for children, but there are behind the scenes tasks where volunteers provide valuable service. Please indicate ALL the areas in which you would be willing to help. *Checking these will not obligate you to any task.*

- |  |  |
|--|--|
| <input type="checkbox"/> I am only interested in one-on-one caregiving | <input type="checkbox"/> Music Coordinator   |
| <input type="checkbox"/> Parent hospitality                            | <input type="checkbox"/> Kitchen Help/Snacks |
| <input type="checkbox"/> New volunteer orientation                     | <input type="checkbox"/> Monitoring Hallways |
| <input type="checkbox"/> Crafts Coordinator                            | <input type="checkbox"/> Other: _____        |

The following area helps us to match you more appropriately with the children who receive care from Aaron's Staff. *I am comfortable with children who are (check as many as apply):*

- |   |  |
|---|--|
| <input type="checkbox"/> Medically fragile                      | <input type="checkbox"/> Infants (2 months-1 year) |
| <input type="checkbox"/> Uncommunicative                        | <input type="checkbox"/> Children (1-12)           |
| <input type="checkbox"/> Emotionally challenged                 | <input type="checkbox"/> Teens                     |
| <input type="checkbox"/> Hyperactive/Attention Deficit Disorder |  |

**References:** Please list two personal references (people who are not related to you by blood or marriage) and provide the contact information for each. References are confidential.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State ZIP

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Waiver and Consent:** I certify that the information I have provided on this application is true and correct. I authorize the references listed above to provide whatever information they may have regarding my character and fitness for working with Aaron's Staff and waive any rights I may have to confidentiality. I have read this waiver and application and am aware of its contents. I sign this consent freely and under no duress or coercion.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Aaron's Staff Background Investigations Consent

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I \_\_\_\_\_, hereby authorize Aaron's Staff and/or its agents to make an independent investigation of my background, references, character, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for becoming a volunteer.

I release Aaron's Staff and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

This information is required for the purposes of identification and is confidential.

\_\_\_\_\_  
Full Printed Legal Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Maiden Name or Other Names Used

Current Address: \_\_\_\_\_  
Street Address City State ZIP

How Long at Current Address: \_\_\_\_\_

Former Address 1: \_\_\_\_\_  
Street Address City State ZIP

How Long at this Address: \_\_\_\_\_

Former Address 2: \_\_\_\_\_  
Street Address City State ZIP

How Long at this Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date