



HANDS OF HEALING VOLUNTEER APPLICATION

Name

Date of Birth

Social Security Number

Phone Number

Home Address:

City, State

Zip

Employed By (If Employed)

Phone Number

Mailing Address:

Email Address:

May you be called at work? Yes No

Brief description of work: _____

Formal Education (highest year of school completed): _____

Do you speak a foreign language? Yes No If yes, which language _____

Do you drive? Yes No Do you have regular access to a car? Yes No

Can you provide a valid license to operate a motor vehicle? Yes No

Current community activities: _____

List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities, dates of service.):

Are you willing to commit to one year of volunteer services? Yes No

If no, how long can you commit? _____

What are your reasons for wanting to participate as a HOH volunteer?

Have you had any personal experience(s) involving:

- Child Welfare Foster Care
 DFPS/CPS Other agencies offering services to a child

If so, please explain: _____

How did you learn of our program: _____

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, what charge? _____ Date convicted: _____ Where _____

Do you consent to a routine check of your criminal records? Yes No

Can you think of any reason why a judge might be reluctant for you to serve as a HOH volunteer?

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Major: _____

Degree: _____

Name of school: _____

Work/Volunteer History:

Name or address of present or last employer or volunteer project:

Dates: _____ Supervisor's name: _____

Brief description of work: _____

Work/Volunteer History:

Name or address of present or last employer or volunteer project:

Dates: _____ Supervisor's name: _____

Brief description of work: _____

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

	Name	Address	Zip Code	Phone	Relationship
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

How long have you lived in the area? _____

HOH (HANDS OF HEALING), Inc. reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

Applicant Signature

Date



To Whom It May Concern:

I hereby authorize a representative of Hands of Healing RTC Inc. to conduct an investigation on my background in conjunction with their official duties.

I authorize any law enforcement agency to conduct a criminal records check and to release the results of said criminal records check to Hands of Healing RTC, Inc.

I further authorize the Department of Family Services or any other agency to release any information regarding charges filed against me, investigations into my background that have been conducted or are in the process or being conducted, or any other information requested by a representative of Hands of Healing RTC, Inc.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use of Hands of Healing RTC, Inc.

I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

FULL NAME (Please print) _____

MAIDEN NAME _____

OTHERS NAMES USED BY YOU _____

SOCIAL SECURITY NUMBER _____

TEXAS DRIVERS' LICENSE NUMBER _____

SEX: Male Female

DATE OF BIRTH _____

SIGNATURE _____

DATE _____