

HAPPY HANDS EDUCATION CENTER  
8801 S. GARNETT ROAD - BROKEN ARROW, OK 74012

 **VOLUNTEER APPLICATION** 

Date of application \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

Phone: hm \_\_\_\_\_ wk \_\_\_\_\_

City, State, Zip

Referred by: \_\_\_\_\_

Social Security # \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Are you deaf, hard of hearing, or hearing? \_\_\_\_\_

Are you 18 years of age or older?  Yes  No If No please give your Month/Day/Year of birth \_\_\_\_\_

Church Membership \_\_\_\_\_

School (if applicable) \_\_\_\_\_

Place of employment (if any) \_\_\_\_\_

Level of education/course studied \_\_\_\_\_

Due to the nature of our organization, do we have your permission to perform a background check?  Yes  No

Have you ever been convicted or entered a plea of guilty or no contest (nolocontendere) to a morals charge, child abuse, assault and battery, a violent crime or any felony?  Yes  No

Is there anything in your background that would prevent you from performing volunteer tasks?  Yes  No

Are there any mental disabilities or illnesses in your background?  Yes  No If yes, please list the name and address of a licensed therapist, and/or physician that we may contact for a letter of recommendation on your behalf. \_\_\_\_\_

Please describe your general health. (related to your volunteer job here) \_\_\_\_\_

Have you had previous experience working with young children? Please describe. \_\_\_\_\_

Please describe previous work experience, education, or training that might be helpful for us to know. \_\_\_\_\_

**Personal Reference #1 Name:** \_\_\_\_\_ **Phone: wk** \_\_\_\_\_ **hm** \_\_\_\_\_

**Personal Reference #2 Name:** \_\_\_\_\_ **Phone: wk** \_\_\_\_\_ **hm** \_\_\_\_\_

**Business Reference Name:** \_\_\_\_\_ **Phone: wk** \_\_\_\_\_ **hm** \_\_\_\_\_

Please check the areas below in which you could volunteer.

**Classroom Volunteer:** working directly with children under the direction of a teacher; holding children, assisting with learning activities, meals, playground and rest times. Classroom volunteers typically commit to one day each week for a 2 – 3 hour block.

**Lunch Volunteer:** pick up lunches at nearby school and serve to each classroom. Requires a food handlers permit.

**Office Assistant:** may include phones, light office duties, mailings, running errands, computer data entry.

**Maintenance:** includes general fix-it jobs, light carpentry, etc.

**Yard Work:** mowing and trimming, trimming trees, etc.

**Babysitter for Parent Meetings:** usually held during a weekday evening.

**Fundraising:** assisting with special events,

**Community Relations:** assisting with special events, hospitality, contacting media, etc.

**Other** (please explain) \_\_\_\_\_

Which days and hours would you be available to volunteer?  M  T  W  TH  F Time available: \_\_\_\_\_

Do we have your permission to contact emergency medical authorities on your behalf?  Yes  No

In case of emergency, contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Work phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Other \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If you are ages 13 to 15, you must supply a copy of your current immunizations, health record and physicians contact information. You must also have a parent signature to volunteer.*

Parent or legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_