

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? \_\_\_\_\_

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

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

Happy Hands is a Christian School. Will you support our Biblical philosophy of education and service delivery? \_\_\_\_\_

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

Please list any other state or country you have lived in during the past 3 years if any. \_\_\_\_\_

For the background check please give your birthdate including the year. \_\_\_\_\_

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

If Yes please explain \_\_\_\_\_

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.

\_\_\_ **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/Community Relations:** assisting with special events, hospitality, 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: \_\_\_\_\_