

**MISSION HOPE FOR KIDS
VOLUNTEER SERVICE APPLICATION**

INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL AND SECURED

Name _____ Date _____
Last First Middle Maiden

Address _____

City _____ State _____ Zip _____ Birthday _____

Home Telephone (____) _____ Cell (____) _____

Email: _____ Marital Status: Married or Single (circle)

Ethnicity: _____ Military: Y or N Education level: _____

Social Security # _____ Gender: Male or Female (circle)

- Check Best way to contact you: Text ____ Phone ____ Email ____

Circle Area(s) of Interest: Administration Faith Fundraising/Events
Mentoring Nutrition Prep/Serve Resource Assistant
Transportation Driver/Monitor Other _____

Days & times you are NOT available to volunteer _____

Any special abilities or experience which might be helpful in your volunteer experience _____

GENERAL

Please describe why you are interested in volunteering here at MHFK _____

Where did you hear about Mission Hope For Kids? _____

Is there any health reason that might limit your ability to volunteer? ____ Yes ____ No

If yes, please describe restrictions: _____

How many years have you lived in Kentucky? _____

BACKGROUND

In regards to the safety and welfare of children, co-workers and others, MHFK requires its volunteers pursue moral and ethical lifestyles. Please attach a separate sheet of paper to explain in detail any “yes” response for questions 1-7

- 1. Do you have difficulty controlling your language? __Yes __No
- 2. Do you have difficulty controlling your anger? __Yes __No
- 3. Have you ever willfully injured someone younger than you? __Yes __No
- 4. Have you ever been arrested? __Yes __No
- 5. Have you ever been convicted of a crime? __Yes __No
- 6. Are you infected with any communicable disease? (Hepatitis, AIDS, mono, etc.) __Yes __No
- 7. Is there any reason, including those related to physical or mental health that might keep you from volunteering with adults, children or youth? __Yes __No
- 8. Will you consent to a state-provided criminal records check? __Yes __No
- 9. We may do random drug screening and/or alcohol breath tests. Will you consent to a drug and alcohol screening? __Yes __No

REFERENCES (non-relative)

1. Name _____ Relationship _____
 Phone # _____ Position _____

2. Name _____ Relationship _____
 Phone # _____ Position _____

APPLICANT’S STATEMENT

In consideration of the receipt and evaluation of this application by MHFK, I agree and represent that:

The information contained in this application is correct to the best of my knowledge.

I authorize any references, or any person or organization, whether or not identified in this application to give you any information they may have regarding my character and fitness for volunteer service.

I release all such references, persons, organizations or agencies from liability for any damage that may result from furnishing such evaluations to you.

I further understand that in an effort to create a safe environment for its employees and volunteers, MHFK conducts a criminal background investigation and I consent to such a check.

Applicant’s Signature _____ Date _____

Please note: The cost to process your background application is covered by MHFK. If you wish to make a donation to help us offset the cost, attach a check payable to Mission Hope for Kids, Inc. for \$9.00.

Thank you!