



P.O. BOX 6385
Elizabethtown, KY 42702
(270) 765-HOPE
www.hopeacademyforkids.org

VOLUNTEER SERVICE APPLICATION

INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL AND SECURE

Name _____ Date _____

 Last First Middle Maiden

_____ Social Security # _____

Address _____

_____ Birthday _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email: _____ Best method of contact: ☐ Text ☐ Phone ☐ Email

Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single

Ethnicity: _____ Military: ☐ Yes ☐ No Education level: _____

Select Area(s) of Interest:

☐ Administration ☐ Faith ☐ Fundraising/Events ☐ Resource Assistant

☐ Mentoring ☐ Transportation ☐ Nutrition Prep/Serve ☐ Transportation Driver/Monitor

Other _____

Campus of Service: Elizabethtown _____ Other _____

How did you learn about HAFK? _____

Days & times you are NOT available to volunteer _____

List any special abilities or experience which might be helpful in your volunteer experience.

GENERAL

Please describe why you are interested in volunteering here at HAFK

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

Regarding the safety and welfare of children, co-workers and others, HAFK requires its volunteers pursue moral and ethical lifestyles. 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 HAFK, 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, HAFK conducts a criminal background investigation, and I consent to such a check.

Applicant's Signature _____ Date _____

Note: The cost to process your background application (over 18) is covered by HAFK. If you wish to make a donation to help us offset the cost, attach a check payable to HAFK, Inc. for \$9.00. Thank you!