



Happy Hands Education Center

THE CENTER for Hearing, Language and Speech Services

8801 S. Garnett Ave., Broken Arrow, OK 74012

918-893-4800 v/tdd, 918-893-4899 fax, www.happyhands.org

A Christian School for Children with Hearing Loss and Other Communicative Disorders

VOLUNTEER APPLICATION

Rev. 9/1/15

Date of application _____

****Due to a recent change in state licensing regulations for all early childhood centers in Oklahoma we are no longer able to utilize volunteers under the age of 16 during regular business hours.****

Name _____ Address _____

Street

Phone hm _____ wk _____

City

State

Zip

Referred by _____

EMAIL Address _____ Do you require accommodations for any special needs? _____

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 initial)

Social Security # _____

For the background check please give your birth date including the year. _____

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

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 children? _____ 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.

_____ **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

Do we have your permission to contact emergency medical authorities on your behalf? _____ Yes _____ No (Please initial)

In case of emergency, contact:

Name _____ Relationship _____

Phone _____ Phone _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Background check results: _____ Date _____



AmericanChecked, Inc.
DISCLOSURE & AUTHORIZATION 2.1

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application for volunteering, I understand consumer reports will be requested by Happy Hands. These reports may include, as allowed by law, the following types of information, as applicable: my driving record, criminal records, sex offender registries etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am approved to volunteer, I understand that Happy Hands can use this disclosure and authorization to continue to obtain such reports throughout my volunteer service.

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Happy Hands. If approved to volunteer, this authorization shall remain on file and shall serve as ongoing authorization for Happy Hands to procure such reports at any time during my volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the abovementioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the Consumer Reporting Agency: AmericanChecked Inc., 4870 South Lewis Avenue, Suite 120, Tulsa, OK 74105; telephone: 800975-9876 ("Agency") upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: <http://americanchecked.com/privacy-policy>.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to the Company.

By checking the following box, I request a copy of all such reports be sent to me. Check here:

Printed Name _____

Signature _____

Date _____