



# 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 who are Deaf, Hard of Hearing or have Communication Disorders

**VOLUNTEER APPLICATION**

Rev. 6/20/17

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.\*\***

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Phone hm \_\_\_\_\_ wk \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Referred by \_\_\_\_\_ 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)

(required) 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 \_\_\_\_\_