



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. 4/16/19

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 _____

Place of Business _____ 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)

I consent and authorize Happy Hands Education Center to use and publish images and video taken of me _____ Yes _____ No (Please initial)

(required) Social Security # _____ (required) Date of Birth (MM/DD/YY): ____/____/____

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 _____

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.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Background check results: _____ Date _____