



Hearts Everywhere Reaching Out for Children, Inc.

Volunteer's Community Service Application
Court Appointed Volunteers

To become a H.E.R.O. volunteer, a criminal history check will be conducted. Court appointed, community service volunteers are required to pay for their background check. Please make checks/money orders payable to H.E.R.O. for Children, Inc. in the amount of \$16.90 to cover fee for background check. A prior criminal record may or may not result in your disqualification from volunteering. Decisions are made on a case-by-case basis.

Full Name: First Middle Last

Address: Street # Street Name Apt. #

City: County: Zip Code:

Home Phone #: Cell / Alt. Phone #:

Email Address:

SS# Date of Birth: Age: Gender: Male Female

Ethnic Background: African American/Black Asian/Pacific Islander Hispanic/Latino
Native American Multi-racial White Other:

Name of Employer: Phone #:

Emergency Contact Phone ()

Academic/Professional Credentials

How did you hear about H.E.R.O. for Children, Inc.?

Do you have any experience working or volunteering with children/youth? Yes No

If yes, please explain:

Please list any skills or qualities you think could be useful to the program and the children we serve:

Do you have any experience working or volunteering in the area of HIV/AIDS? Yes No

If yes, please explain:



CASEWORKER/PROBATION OFFICER:

Name _____ Phone (_____) _____

Address _____
Street City State Zip

Reason for Community Service _____

Number Of Hours To Serve _____ Date Hours Must Be Served By _____

Days/Hours Available To Serve:

(Please note, regular office hours are Monday through Friday, 9:30AM to 5:30PM. However, weekend hours may be available during special events.)

- Monday From _____ To _____
- Tuesday From _____ To _____
- Wednesday From _____ To _____
- Thursday From _____ To _____
- Friday From _____ To _____
- Saturday From _____ To _____

I understand that submitting this information does not guarantee my acceptance as a volunteer, and that assignment of volunteer work is based on the assessment made by H.E.R.O. for Children, Inc. staff.

I understand that the data collected on this form is used to determine an appropriate volunteer placement and information not classified as public data (social security number and driver's license number) is strictly confidential and will be used only to process the volunteer's background screening.

I understand that any omissions and misstatements made by me on this application form may be cause for my application to be declined or volunteer placement terminated.

I understand that H.E.R.O. for Children, Inc., at their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.

I declare that all statements I have made on this application are true, correct and complete to the best of my knowledge.

Thank you for completing this application. Please attach a copy of your driver's license/state issued identification to the application.

Signature _____ Date _____

Reviewed by _____ Date _____
HERO Supervisor/Staff



BACKGROUND SCREENING AUTHORIZATION RELEASE

In connection with my application for volunteering (where I will either be: 1- in direct contact with H.E.R.O. children, or 2- providing administrative services in the H.E.R.O. offices, where I may have access to confidential information regarding H.E.R.O. clientele), I understand that background inquiries may be requested by you or on your behalf that will seek information as to my character, including oral assessments of my experiences and abilities. Further, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, and civil matters.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This authorization is valid for any consumer report requested at any time during the tenure of my volunteer employment. This release is valid for all federal, state, county and local agencies and authorities. I understand that I have the right to make a written request within a reasonable period of time for complete and accurate disclosure of information concerning the nature and scope of the investigation.

Print name _____

Social Security Number _____ Date of Birth _____

Driver's License # _____ State _____

Current Address _____

List Previous Addresses for the Past 5 Years:

Address	City, State and ZIP
_____	_____
_____	_____
_____	_____

Applicant Signature _____ Date _____