



Hearts Everywhere Reaching Out for Children, Inc.

Volunteer Application Form

Full Name: _____
First Middle Last

Address: _____
Street # Street Name Apt. #

City: _____ County: _____ Zip Code: _____

Home Phone #: _____ Cell / Alt. Phone #: _____

Email Address: _____

Date of Birth: _____ Age: _____ Gender: [] Male [] Female

Social security #: _____ Driver's License# and State: _____

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

Name of Employer: _____ Phone #: _____

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:

What age group do you prefer to work with? [] 6-8 [] 9-11 [] 12-14 [] 15-18

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

If yes, please explain: _____

Please be advised that most volunteer positions require a background check.

Thank you for completing this application. Please sign, date and return via mail, email or fax.

Signature: _____ Date: _____

Mailing Address: 6085 Barfield Road NE, Suite 100, Atlanta, GA 30328 * Email: volunteer@heroforchildren.org *

Phone# 404-236-7411 Fax #404-236-7415

Revised 10/11

For Office Use
Date Issued: _____
Date Rec'd: _____
HERO 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 _____