



### Rising Hero Buddy Application Form

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of work: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Ethnic Background:  White  Black  Hispanic  Asian  Native American  Multi-racial

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have any previous experience volunteering with children/youth?  Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

What age group do you prefer to work with?  6-9  10-13  14-16

I hereby authorize H.E.R.O. for Children, Inc. to receive any personal or criminal record information pertaining to me which may be in the files of any national, state, or local agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing this application. Please attach a copy of your driver's license and automobile insurance card and submit it to H.E.R.O. via fax #404.236.7415 or mail to H.E.R.O for Children, Inc., 6085 Barfield Rd. NE, Suite 100, Atlanta, GA 30328.**



## 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 \_\_\_\_\_