



Hearts & Homes
for Youth

Volunteer Application Form

All fields are required to be filled out accurately prior to becoming a HHY volunteer. Incomplete applications will not be processed.

Please Print Name, Address and Telephone Numbers:

Last Name: _____
First Name: _____
Middle Name: _____
Mailing Address: _____
Apt. or Suite Number: _____
City: _____ State: _____ Zip Code: _____
Home Telephone Number: _____ Cell Telephone: _____
Pager Telephone Number: _____ Business Telephone: _____
E-mail Address: _____

Demographic Information:

Date of Birth: _____

Name of person to contact in case of an emergency:

Last Name: _____
First Name: _____
Relationship: _____
Telephone Numbers to call: Day: _____ Evening: _____

Information about your education: (Please fill in based on your current level of education.)

I have completed: ___ High School ___ Some College ___ College

*If applicable, please list the college that you are attending now: _____

If applicable, please denote what academic year you are in currently:

___ Freshman ___ Sophomore ___ Junior ___ Senior

I have completed or am finishing Graduate School: _____

I need volunteer hours for school/college credit: _____ If yes, how many? _____

Please list the name of the college/university you graduated from:

Information about your employment:

Employer: _____

Position: _____

Information about your health:

Physician's Name: _____
(Please Print)

Telephone Number: (_____) _____

Please list the medications that you are currently taking: _____

Is there any health reason that might limit your ability to volunteer? _____ Yes _____ No

If yes, please describe: _____

Please check off the infectious illnesses you have had:

_____ Measles _____ Mumps _____ Rubella _____ Chicken Pox _____ Diphtheria
_____ Polio _____ Tetanus _____ Whooping Cough

Please check off the infectious illnesses you have been immunized for:

_____ Measles _____ Mumps _____ Rubella _____ Chicken Pox _____ Diphtheria
_____ Polio _____ Tetanus _____ Whooping Cough

How did you hear about volunteering at HHY? Please check which one applies:

_____ A Children's Volunteer _____ Children's Website _____ An Employee
_____ Newspaper _____ TV _____ Work _____ School/College
_____ Other... please explain: _____

Information about your volunteer interests:

Please describe in detail why you are interested in volunteering here at HHY?

Information about your interest/skills/experience and availability:

Would you prefer to volunteer: _____ Directly with children _____ Directly with families
_____ In support areas... please denote which specific area: _____

Please list your experiences or skills that relate to the preference indicated previously:

Please list your current volunteer roles with location (if any) and list your previous volunteer roles:

Please circle the most appropriate day and shift that you would be available to volunteer:

Mornings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Afternoons: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Evenings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you available/interested in supporting HHY at Special Events?

No Yes Morning Afternoon Evening Weekend

Are you available/interested in assisting with special projects such as mailings or office work?

No Yes Morning Afternoon Evening Weekend

References:

Please print the **COMPLETE** mailing addresses of three people we may contact (**excluding relatives and roommates**) who have known you for more than two years. Local references preferred.

Name: _____ Relationship _____
Address: _____ City _____ Zip: _____
Telephone: (_____) _____

Name: _____ Relationship _____
Address: _____ City _____ Zip: _____
Telephone: (_____) _____

Name: _____ Relationship _____
Address: _____ City _____ Zip: _____
Telephone: (_____) _____

Hearts & Homes for Youth reserves the right to conduct state and federal background checks.

Have you ever been arrested for conducting or attempting to conduct a sexual offense?

Yes No

*If yes, please list the date(s) of the arrest(s) and any facts and circumstances surrounding the arrest(s).

Have you ever been arrested, convicted, plead no contest, or plead guilty to a felony or misdemeanor against a child?

Yes No

Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor?

Yes No

Volunteer Privacy Information and Release Authorization

Please read the following carefully

Application information

I certify that all information in this application is true and complete.

I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

References

I understand that Hearts & Homes for Youth requires information from me to evaluate my qualifications for volunteer service.

I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical and emotional background and, if applicable, driving history.

Background investigation

In an effort to create a safe environment for the residents, HHY conducts a criminal background investigation. This investigation may include arrests, convictions, and all other court related items. This report is kept confidential.

- * I understand, in consideration of my application, a background investigation will be conducted.
- * I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, State, or Local Justice Agency, driving history, performance of medical examinations, drug screening or reference verification.
- * I authorize Hearts & Homes for Youth to conduct the background investigation and release HHY from responsibility for this investigation.
- * I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Hearts & Homes for Youth.

I have read and understand the above and by my signature consent to these statements.

Applicants Signature

Date

Print this form and send it to:

Loretta d'Eustachio
1320 Fenwick Lane, Suite 800
Silver Spring, MD 20910

For questions call:
301-589-8444 X212

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