

**Helping Hands at the Heights
Floral Heights United Methodist Church
2214 10th Street
Wichita Falls, TX 76309
940-723-7151**

Volunteer Application

Date of application _____

Name _____

Preferred Name _____ Date of Birth _____ Male Female

Home Address _____

City _____ ZIP _____

Home phone _____ Cell phone _____

Work phone _____ Email address _____

Floral Heights United Methodist Church member? _____ How long? _____

If not, current or previous religious affiliation _____

Place of employment _____ Occupation or position _____

How would you prefer to be contacted? _____

How did you hear about the Helping Hands at the Heights program? _____

Education, special training or previous volunteer experience:

Health limitations or special considerations:

Sports and hobbies that interest me: _____

Have you had experience with children with special needs? If so, please describe your experience.

Have you had experience with a friend or family member who has special needs? If so, please describe your experience.

Why would you like to volunteer as a worker with children and/or youth?

What are your expectations of FHUMC in this volunteer experience?

List your experience with children:

Licenses, permits or certifications:

CPR Certified _____ Date _____

Other things you should know about me:

Activities of interest at Helping Hands at the Heights (check as many as apply)

- _____ Friday night program
- _____ Sunday morning program
- _____ primary care for child with a disability
- _____ music
- _____ crafts
- _____ registration
- _____ leading group activities
- _____ activities for non disabled siblings
- _____ other: _____

I am comfortable being paired with a child who has (check as many as apply)

- _____ developmental disability
- _____ physical disability
- _____ behavior disorder
- _____ sibling

Fluent in other languages?

- _____ Sign language
- _____ Spanish
- _____ Other

Personal References: Please list ALL information for your references. Please include a co-worker, friend, and employer/supervisor.

Name _____

Address _____

Phone _____ Relationship _____

Name _____

Address _____

Phone _____ Relationship _____

Name _____

Address _____

Phone _____ Relationship _____

Legal History: (please check)

- Yes No 1. Are you free of illegal substance abuse?
- Yes No 2. Have you ever been convicted of a criminal offense?
- Yes No 3. Have you ever been arrested or convicted for the use or sale of drugs?
- Yes No 4. Have you ever been treated for alcohol or substance abuse?
- Yes No 5. Have you ever been arrested or convicted of child neglect, abuse, or any form of sexual misconduct?
- Yes No 6. Has your driver's license ever been suspended or revoked?
- Yes No 7. Other than the above matters, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people?

FOR ANY "YES" ANSWERS, NUMBERS 2-7, PLEASE ATTACH A DETAILED EXPLANATION. THANK YOU

Emergency contact name: _____ Phone number: _____

Signature of Applicant

Date

