

Children's Hope Residential Treatment Services, Inc.

Application for a Volunteer/Mentor/or Internship Opportunity

To be considered for our Volunteer/Mentor/or Internship Opportunity, you will need the following:

Completed Application

(No fields should be left blank. Please do not write "see resume" on any field.)

Driver's License of State Issued ID

(Must be original-no copies allowed.)

Copy of High School Diploma or GED

(High School Transcripts will be accepted.)

Social Security Card

(Must be the original-no copies allowed.)

Children's Hope Residential Service, Inc.

Children's Hope is an equal opportunity employer. Qualified applicants for volunteering/mentoring/ or an internship will be considered without regard to color religion, sex, sexual orientation, age, national origin, disability, or veteran status. Children's Hope prohibits discrimination in the workplace. Children's Hope is a subscriber to Texas Worker's Compensation.

Date:	Are you at least 18 years of age?	Yes	No
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First Name	Middle Name	Last Name	Maiden Name
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Address	City/State	Zip	Country
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() Home Number	() Cell Number	Social Security Number	
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Driver's License Number or State Issued ID	Issuing State
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Hours you are available

Have you previously submitted an application?	Yes	No
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Have you worked with Children's Hope before?	Yes	No
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If yes, date and reason for leaving:

Education	Name & Location of School	# of years completed	Degree
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High School			
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College			
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Other	<input type="checkbox"/> GED		
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Work History

List your most recent position first, use additional sheets if necessary. Explain any time period of unemployment.

Company	Date Hired	Date left	Starting/Final Pay
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Address	City/State/Zip	Supervisor's Name	Supervisor's Contact #
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Position/Title	Reason for leaving
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Children's Hope Residential Services

Criminal Background Check Authorization and Release Form

In order to volunteer/mentor/or intern at Children's Hope, you must undergo a Criminal Background Check to be completed through Texas Department of Protective and Regulatory Services and FBI fingerprint process.

Please complete the following and return with your application.

NAME: _____ DATE OF BIRTH: _____

ALTERNATE/MAIDEN NAME(s): _____

Telephone: _____ SSN: _____

This information is needed when accessing the DPS Background Check Website and is NOT used as determination for volunteering or mentorship.

Gender ☐ Male ☐ Female

Ethnicity ☐ Hispanic ☐ Not Hispanic

Race ☐ American Indian/Alaskan Native ☐ Asian American

☐ African American ☐ Caucasian ☐ Other

Height ft in Weight: Hair Color Eye Color

Place of Birth: (State) _____

Physical Address (no P.O. Boxes): _____

Address _____ City _____ State _____ Zip _____

Mailing Address (If Different): _____

I.D./Driver's License Number: _____ State of Issue: _____
(Copy Required)

Type of Driver's License/ID: (Class): _____

Email Address (REQUIRED): _____

Have you ever been convicted of a crime? _____

If so, for what, when and where _____

I hereby authorize Children's Hope Residential Services to conduct a Criminal Background Check for mentor/volunteer consideration.

I hereby authorize any law enforcement agency to furnish Children's Hope Residential Services, or its agent information related to my criminal history. I hereby release Children's Hope Residential Services and all of its agents and employees, the law enforcement agency furnishing information, from all liability resulting from the furnishing of this information to Children's Hope Residential Services. I certify that the statements made by me on this form are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my consideration for mentor/volunteer/continued mentoring/volunteering and could result in disciplinary action including my termination.

Should I receive and accept an offer to mentor/volunteer with Children's Hope Residential Services, Inc. I understand that this authorization will be perpetual for the duration of my mentoring/volunteering.

Signed: _____ Date: _____

List all cities where you have lived in the state of Texas (REQUIRED): _____

Have you lived outside the state of Texas in the last five (5) years? _____

☐ Yes (If yes, list previous addresses) ☐ No

List all cities/states where you have lived: _____

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about be corrected by contacting your licensing representative."

**Affidavit for Applicants for an Internship with a
Licensed Operation or Registered Child-Care Home**

AN APPLICANT FOR TEMPORARY OR PERMANENT VOLUNTEER/MENTOR/ OR INTERNSHIP with a
licensed child-care facility, licensed child-placing agency, or registered child care home whose intern or
potential intern with the facility, agency, or home involves direct interaction with or the opportunity to
interact and associate with children must execute and submit the following affidavit with the application
for a volunteer/mentor/ or internship:

STATE: _____

COUNTY OF: _____

I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult
or as a juvenile:

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgement or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

**Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of
any jurisdiction):**

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse, and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photograph, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor
from abuse, neglect, or exploitation; or
17. Any type of child abduction.

Except the following (list all incidents, locations, description, and date)(if none, write NONE)

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to approve the applicant.

Signed _____ Date _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notary officer: _____

(Seal, if any, of notarial officer)

My commission expires: _____

Volunteer/Mentor/Internship Availability Form

Name:

Campus:

Date:

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Comments: