



Services of Hope Entities, Inc.

"Preparing Today's Youth for Tomorrow's Challenges"

Romans 12:1-2

Giving youth the power to invent new possibilities, the courage to face challenges, and the freedom to create, grow, and be fully-expressed in a Christian manner.

Volunteer Application Form

A copy of a valid, government issued photo ID must be attached to this application to verify information provided below.

Name (First, Middle Last): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Email address (optional): _____

Date of Birth: _____ **DL#:** _____

Occupation: _____ **SS#:** _____

Employer: _____

Employer's Address: _____

Special professional training, skills, hobbies: _____

Community affiliations (clubs, service organizations, church, etc.): _____

Previous volunteer experience: _____

Special certifications (CPR, medical, etc.): _____

Do you have children participating in our programs? _____

If yes, who? _____

Have you ever been convicted or plead guilty to any crime(s)? _____

If yes, describe each in full: _____

Have you ever been refused participation in any other youth program? _____

If yes, please explain: _____

Please list three references and their contact numbers:

1. _____

2. _____

3. _____

SOH Entities, Inc.
4619 W. University
Dallas, Texas 75209

P) 214-358-6508

F) 214-358-6832

In which area would you like to volunteer at Services of Hope Entities, Inc.:

- 1) **Youth program support:** _____
- 2) **Mentoring:** _____
- 3) **Administrative support:** _____
- 4) **Summer program:** _____
- 5) **Other:** _____

As a condition of volunteering, I give permission for Services of Hope Entities, Inc. to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon Services of Hope Entities, Inc. receiving no inappropriate information on my background. I hereby release and agree to hold harmless from any liability Services of Hope Entities, Inc. officers, employees, and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Services of Hope Entities, Inc. is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to expiration of my term, I am subject to suspension and/or removal by the President of Services of Hope Entities, Inc. for violation of Services of Hope Entities, Inc. policies and principles.

Applicant Signature: _____ **Date:** _____

Applicant Name (please print): _____

Note: Services of Hope Entities, Inc. will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

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| <p>For SOH Use Only:</p> <p>Background check complete by _____ on _____.</p> <p>System(s) used for background check (minimum of one must be checked):</p> <p>Sex Offender Registry? _____ Other? _____</p> <p>Criminal History Records? _____</p> <p><i>Only attach to this application copies of background check reports that reveal convictions of this applicant.</i></p> |
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