



**BACKGROUND**

In regards to the safety and welfare of children, co-workers and others, MHFK requires its volunteers pursue moral and ethical lifestyles. Please attach a separate sheet of paper to explain in detail any “yes” response for questions 1-7

- 1. Do you have difficulty controlling your language? \_\_Yes \_\_No
- 2. Do you have difficulty controlling your anger? \_\_Yes \_\_No
- 3. Have you ever willfully injured someone younger than you? \_\_Yes \_\_No
- 4. Have you ever been arrested? \_\_Yes \_\_No
- 5. Have you ever been convicted of a crime? \_\_Yes \_\_No
- 6. Are you infected with any communicable disease? (Hepatitis, AIDS, mono, etc.) \_\_Yes \_\_No
- 7. Is there any reason, including those related to physical or mental health that might keep you from volunteering with adults, children or youth? \_\_Yes \_\_No
- 8. Will you consent to a state-provided criminal records check? \_\_Yes \_\_No
- 9. We may do random drug screening and/or alcohol breath tests. Will you consent to a drug and alcohol screening? \_\_Yes \_\_No

**REFERENCES (non-relative)**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone # \_\_\_\_\_ Position \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone # \_\_\_\_\_ Position \_\_\_\_\_

**APPLICANT’S STATEMENT**

In consideration of the receipt and evaluation of this application by MHFK, I agree and represent that:

The information contained in this application is correct to the best of my knowledge.

I authorize any references, or any person or organization, whether or not identified in this application to give you any information they may have regarding my character and fitness for volunteer service.

I release all such references, persons, organizations or agencies from liability for any damage that may result from furnishing such evaluations to you.

I further understand that in an effort to create a safe environment for its employees and volunteers, MHFK conducts a criminal background investigation and I consent to such a check.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note:** The cost to process your background application is covered by MHFK. If you wish to make a donation to help us offset the cost, attach a check payable to Mission Hope for Kids, Inc. for \$9.00.

**Thank you!**