

HELPING HANDS APPLICATION

MOUNTAIN LAKES, NEW JERSEY

PLEASE FILL OUT THE FOLLOWING

RESIDENCE INFORMATION:

Family Name: _____ Telephone: _____

Wife's Name: _____ Email: _____

Husbands's Name: _____ Email: _____

Address: _____

Wife's driver's license: _____ License Plate #: _____

Husband's driver's license: _____ License Plate #: _____

Any animals at residence: _____ Are pet vaccines up to date? _____

Are there any weapons/firearms in the house? _____ Type of Weapons/firearms: _____

Are weapon/firearms registered and stored properly? _____ Registration Number: _____

NAME AND AGES OF YOUR CHILDREN:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

GIVE THREE CHARACTER REFERENCES (NAME, ADDRESS, AND PHONE NUMBER)

1. _____
2. _____
3. _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1. Have you ever had experience handling children? Yes _____ No _____
If so, what kind _____
2. How long have you lived at your present address? _____
3. Do you have any objection to fingerprinting any or all adults in your household?
Yes _____ No _____
4. Have you ever been convicted of any indictable crime? Yes _____ No _____
5. Is there anyone living in the house with a mental or physical condition that would interfere with your effective Helping Hand? Yes _____ No _____

I (we) _____; authorize Mountain Lakes Home & School Association in conjunction with the Mountain Lakes Police Department to conduct a background and criminal history check in anticipation of your participation in the Helping Hands Program in Mountain Lakes, New Jersey.

Signed: _____ Date: _____

Spouse Signature: _____ Date: _____