

HAPPY HAVEN HOME, INC.
2311 Wakefield Drive
Cookeville, TN 38501
(931) 526-2052

RELIEF - VOLUNTEER PROGRAM

Happy Haven relies heavily on volunteers who are willing to either take children into their homes on occasion or who can stay at the home for an evening or weekend in order to give our full-time staff a much-needed break. This program is essential to the work at Happy Haven, not only because the state requires us to provide time off, but also because it is necessary for the emotional well-being of our houseparents and their families.

In order to meet state requirements we ask that you complete the following:

- _____ 1. Application
- _____ 2. Reference list (we must have at least 3 references on file)
- _____ 3. Health Certificate signed by your doctor. (1 for each adult)
- _____ 4. T.B. skin test (can be obtained free at Health Dept.)
- _____ 5. Tennessee Child Abuse Screening (1 for each adult)

Please complete and return all forms to Happy Haven Home.

THANK YOU !!!

REFERENCE LIST

Minister Name _____
Address _____ Zip _____
Phone Number _____

Elder Name _____
Address _____ Zip _____
Phone Number _____

Physician Name _____
Address _____ Zip _____
Phone Number _____

Employer Name _____
Address _____ Zip _____
Phone Number _____

Neighbor Or Friend Name _____
Address _____ Zip _____
Phone Number _____

Friend Name _____
Address _____ Zip _____
Phone Number _____

Two Relatives in Close Touch with Family:

Name _____
Address _____ Zip _____
Phone Number _____

Name _____
Address _____ Zip _____
Phone Number _____

Date _____ Signed (Husband) _____

(Wife) _____

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CERTIFICATE OF GOOD HEALTH

_____ has applied to serve in a
(Name) D.O.B. _____
child-caring capacity of Happy Haven. The agency must have a current TB skin test and other medical
information. The above-named person has given the agency permission to obtain this medical report.

Medical History:	<u>yes</u>	<u>no</u>
T.B. or other pulmonary problems	_____	_____
Sexually transmitted diseases	_____	_____
Seizure disorders	_____	_____
Mental disorders	_____	_____
Heart problems	_____	_____
Any other chronic or communicable diseases (specify)	_____	_____

Date of T.B. skin test: _____ Results: _____

Please comment on any physical, mental or emotional condition or any communicable disease apparent from your examination or knowledge of the above-named person which might affect persons placed in the home.

M. D. Signature _____

(Complete Name of Applicant) _____

(Social Security Number) _____

Happy Haven Homes is required by the Tennessee Child Abuse Law (TCA 71-3-507) to inquire if you or anyone in your home has ever been convicted of a felony (including a suspended sentence) or has ever been under investigation for any sexual offense.

Have you or anyone living in your home ever been convicted of a felony? Yes No

If yes, please describe.

Have you ever been under investigation for any sexual offense (excluding any charges which were fully cleared)? Yes No

If yes, please describe

Falsification of required information may subject the person to criminal prosecution.

It shall be unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information.

The Tennessee Department of Human Services, in cooperation with the Tennessee Bureau of Investigation, shall by accessing the computer criminal registry files maintained by the Tennessee Bureau of Investigation, enter the Social Security Number and the name of such applicant to verify the accuracy of the criminal violation information. If the department finds such information has been falsified on the application, the department shall notify the appropriate district attorney of such violation. (Act 1985, Chapter 478, Section 27.)

My signature on this form gives Happy Haven Home my consent to conduct an inquiry concerning information I have stated and also includes checking court, criminal, police or FBI records and motor vehicle records, if applicable.

Signed by Applicant