



**TEACH SKILLS.  
GAIN WORK.  
LOVE FIRST.**

**HOPE**  **HEALS**  
*program*

**STUDENT APPLICATION**

*Our Mission:*

*"Serving Hope by teaching food service work and life skills through Christ's love."*

# Hope Heals Student Application

Date \_\_\_\_\_

All potential students are required to complete an application and attend an interview prior to acceptance as a Serving Hope, Inc. student. Serving Hope, Inc. reserves the right to decline a student applicant for any reason at any time. Our policy is to provide equal enrollment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

## PERSONAL INFORMATION

Students Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_  
No P.O. Boxes, please give street address

Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Gender: Male/Female

Birth Date \_\_\_\_\_ Birth Country \_\_\_\_\_  
Month Day Year

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Contact Phone \_\_\_\_\_

Best Time to Call (please circle) M T W T H F S A S Time \_\_\_\_\_ AM/PM  
*(please list best number to reach you)*

If you have no phone, at what number can we reach you? \_\_\_\_\_

Whose number is this? \_\_\_\_\_

Personal Email Address \_\_\_\_\_

Family Status (please select one)  Married  Divorced  Separated  Single  Widowed

Do you have children?  Yes  No If Yes, please list the Names/Ages of Children living with you

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Serving Hope, Inc. does not provide childcare but we may be able to partner with another organization to provide a limited number of childcare scholarships if you qualify and are accepted to the program.**

Would you have childcare available while you are attending classes?  Yes  No  NA

### Emergency Contact Information

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**ABOUT YOU**

Do you regularly attend church?

Yes Church name and location \_\_\_\_\_

Yes, but I want to learn more about God  No

No, but I would like to  No, but I want to learn about God

**(Please note that church attendance is NOT a requirement to enter the Serving Hope program)**

How did you hear about the program?

Volunteer Fair  Current Mentor/Volunteer  Church (name) \_\_\_\_\_

Former Student  Cyn-Shea's  Cyn-Shea Employee

Current Student  Friend  School

Serving Hope Board Member  Serving Hope Employee

Social Media ( )FB ( )LinkedIn ( )Website  Other \_\_\_\_\_

When are you able to start the program? \_\_\_\_\_  
Month Day Year

Would you say your health is (Select one)  Poor  Fair  Good  Excellent?

Are you currently taking any medications?  No  Yes If yes, please list the medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transportation:**

Serving Hope, Inc. is **unable** to provide transportation to classes.

Would you be able to provide your own transportation to classes for the entire program?

Yes  No

If you use public transportation, would you like to learn more about assistance with bus tickets?

Yes  No

**Please select one**

I will drive my car.

I will use public transportation.

A friend/relative will provide transportation.

Are you looking for full-time employment?  No  Yes What hours are you available? \_\_\_\_\_

Are you able to work Saturdays?  Yes  No Sunday?  Yes  No

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes  No (You may be required to provide documentation.)

Have you ever been convicted of a felony?

Yes  No (This will not necessarily affect your application.)

If yes, please describe conditions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Future Plans**

Serving Hope, Inc. wants to make changes which will result in a better quality of life for you and your family. What changes would you like to make to improve your life?

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What do you want Serving Hope, Inc. to do for you?

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What do you expect to get from attending Hope Heals?

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**EDUCATION AND/OR TRAINING**

Have you graduated from high school?  Yes  No  
 Did you earned a GED?  Yes  No Date \_\_\_\_\_  
 If no, would you like to earn your GED?  Yes  No  
 Have you ever been enrolled in a GED program?  Yes  No  
 If you do not have a GED and you did not graduate from High School what grade did you finish? \_\_\_\_  
 What year did you finish the grade listed above? \_\_\_\_\_  
 If you completed college, what did you study? \_\_\_\_\_  
 What is the highest degree you have received?  BA  BS  MA  MS  PhD  
 Have you completed any training courses?  Yes  No  
 If yes, please complete

Name of School	Type of Training	Certificates Earned	Date Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List some of your skills (those learned from jobs, training, use of machinery or kitchen equipment.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Employment History (Start with most recent employer)**

- \_\_\_\_\_  
 Date Employed \_\_\_\_\_ Business Name \_\_\_\_\_ Supervisor Name & Phone \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_
- \_\_\_\_\_  
 Date Employed \_\_\_\_\_ Business Name \_\_\_\_\_ Supervisor Name & Phone \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_
- \_\_\_\_\_  
 Date Employed \_\_\_\_\_ Business Name \_\_\_\_\_ Supervisor Name & Phone \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_

In addition to your work history, are there other skills, qualifications, or experience that we should consider?  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONSENT and REFERENCES**

Please list three persons who are **not** related to you that Serving Hope has your permission to contact for a reference. Please include **work** related references (coworker or supervisor).

1. \_\_\_\_\_  
 Name Relationship Phone

2. \_\_\_\_\_  
 Name Relationship Phone

3. \_\_\_\_\_  
 Name Relationship Phone

I understand that Hope Heals, Hope in High School, Serving Hope and Cyn-Shea’s is a ZERO-Tolerance Drug Free and Smoke Free workplace and according to Serving Hope, Inc. policy, I will be suspended if a drug or alcohol addiction occurs while I am participating in the Serving Hope program.

I am willing to be drug tested (at the expense of Serving Hope) to enter the program as well as throughout the term of my training.  Yes  No

I certify that the facts set forth in this application for traineeship with Serving Hope, Inc. are true and complete to the best of my knowledge. I understand that if I am taken on as a student, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that training at this company is “at will,” which means that either I or this company can call for dismissal from this program at any time, with or without prior notice, and for any reason not prohibited by statute. All training is continued on that basis. I understand that no training supervisor, or managerial staff of Serving Hope, other than the Executive Director, has any authority to alter the foregoing.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for applying*

*For Serving Hope, Inc. Volunteer Program Use Only*

\_\_\_ Applicant was referred by \_\_\_\_\_.

\_\_\_ Applicant was mailed/given an application packet. Date \_\_\_\_\_

\_\_\_ Applicant had a personal meeting/Interview with Director of Community Relations and Outreach. Date \_\_\_\_\_

\_\_\_ Applicant had a personal meeting with Executive Director, Board Chair, or other board member. Date \_\_\_\_\_

\_\_\_ Applicant’s application was reviewed by the Director of Community Relations and Outreach and Executive Director. Date \_\_\_\_\_

Action taken by Serving Hope, Inc. staff

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