



# Hannah's House

Supervised Visitation and Exchange Center

Faith Temple Baptist Church • 525-B North Sowers Road • Irving, TX 75061  
Phone 972-313-2100 Fax 972-313-2131  
www.hannahshouse.org

*Become a Hannah's Helper Today!*

## VOLUNTEER INFORMATION FORM

Please fill this form out completely. Please let us know if any information changes.

### Personal information:

Your Name: \_\_\_\_\_  
Last First Middle Maiden / Other names

Present Address: \_\_\_\_\_  
Street Address Apt. # City State Zip Code

Telephone Numbers: \_\_\_\_\_  
Home Work Cell

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

Highest degree completed (type/subject area): \_\_\_\_\_

### Occupational/school information:

Company/school name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Supervisor: \_\_\_\_\_ Supervisor's telephone number: \_\_\_\_\_

How long with this company/school (years/months)? \_\_\_\_\_

### What volunteer role(s) are you interested in?

Visitation Supervisor  Fund raising  Other: \_\_\_\_\_

I have read and understood the Hannah's House service policies information. I understand that I will be required to complete a criminal background check and additional training as part of my volunteer application. I hereby affirm that the above information is accurate:

**Volunteer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_