

Hands4Hope
Youth Making a Difference
Policies & Procedures Manual 2010



Table of Contents

SECTION 1. ORGANIZATION

Background	2
Organizational Structure	3
Memorandums of Understanding	4

SECTION 2. PROGRAM

Recruitment	4
Attendance	5
Inquiry	5
Finance	6
Supervision	7
Confidentiality	7
Transportation	8
Overnight Visits and Out-of-Town Travel	8
Mandatory Reporting of Child Abuse and Neglect	9
Use of Alcohol, Drugs, Tobacco, and Firearms	9
Unacceptable Behavior	9
Good Citizenship	10
Code of Ethics	10
Community Service Hours	11
Dress Code	11

SECTION 3. FORMS

Membership Registration Form	12
Code of Ethics Signature Form.....	13
Photo Release Form	14
Release & Indemnity Form	15
Insurance/Driver Form	16
Permission For Transportation.....	17
Teen Driver Permission Form	18
General Permission Slip/Emergency Form	19
Community Service Verification Form	20
Inquiry Form	21
Child Abuse and Neglect Form.....	22
Acknowledgement Form	23
Agency Bylaws (available for review by request)	
501(c)3 Tax-Exempt Status Letter (available for review by request)	

Organizational Background

Youth Making A Difference, dba HANDS4HOPE, a non-profit, non-denominational, youth driven outreach organization based in El Dorado Hills, CA, was founded in February 2008. The organization's mission is to make a difference in the lives of others with positive actions, kind words, and visions of hope. The primary focus is that of supporting emergency safety-net services such as emergency shelter, food, basic supplies, and clothing. HANDS4HOPE is comprised of youth volunteers ranging in age from kindergarten through 12th grade, who mostly reside in El Dorado Hills; however, the organization plans to expand its volunteer base from both Sacramento and El Dorado Counties.

HANDS4HOPE is led by a Youth Advisory Council, which is mentored by a Parent Advisory Council. The organization currently has 103 youth members and six public school partners to assist with outreach efforts. The organization strives to continually encourage youth to understand areas of need in their communities where they can make a difference and have a positive impact, offer opportunities for leadership development, create awareness of others' circumstances, inspiring compassion and action, and support and/or fill voids in local outreach efforts.

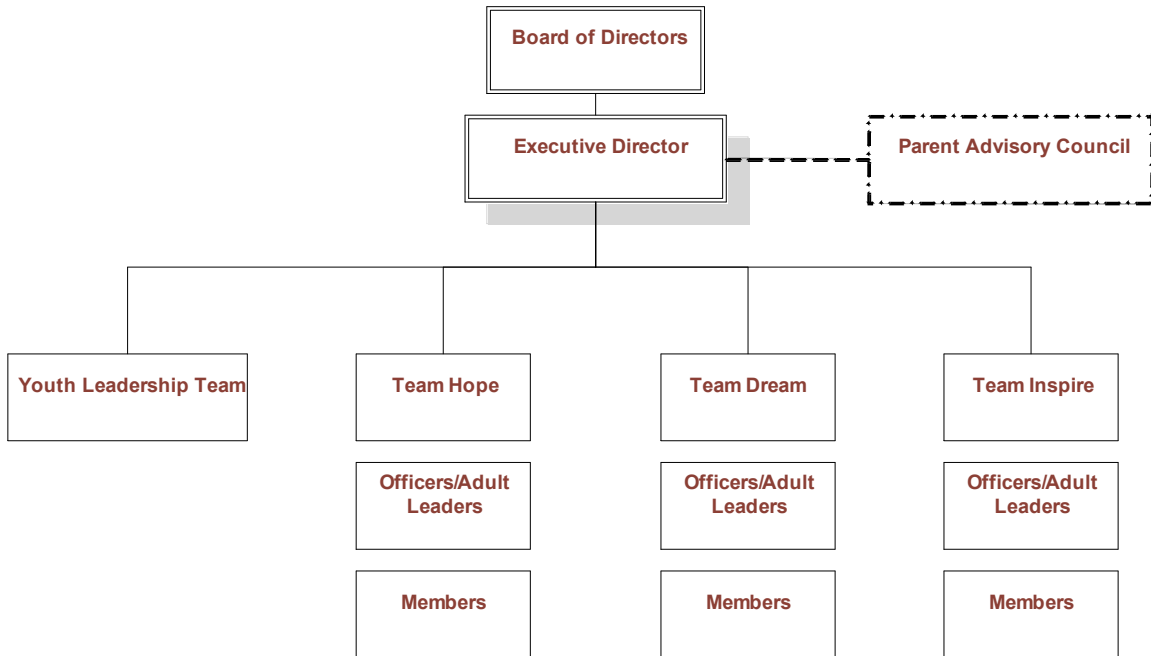
Our Mission

Make a difference in our community and in the lives of others with our positive actions, kind words, and visions of hope.

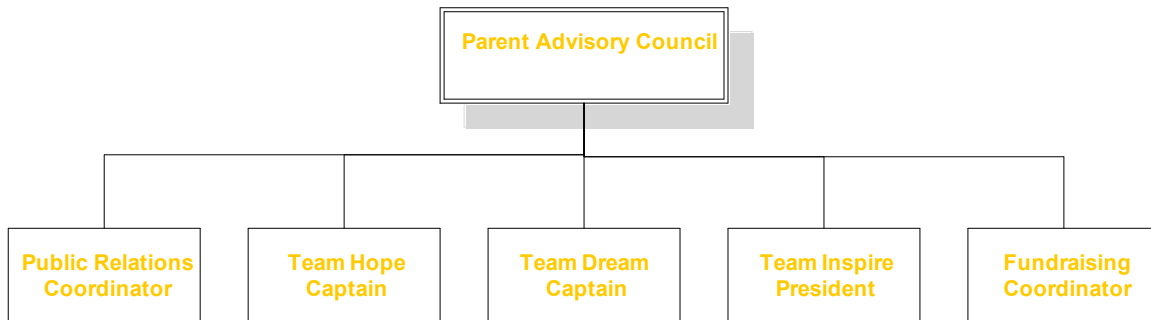
Our Goals

- Encourage youth to understand areas of need in their communities where they can make a difference and have a positive impact, such as mentoring at-risk youth at an affordable housing complex, making and distributing food, and collecting basic need items to be distributed to those in need.
- Partner with organizations working with at-risk youth
- Offer opportunities for leadership development.
- Create awareness of others' circumstances and inspire compassion and action.
- Support and/or fill voids in local outreach efforts.

Organization Structure



Youth Leadership Team



Memorandums of Understanding

Board of Governors will meet two times annually with additional meetings being called as needed. Each Board member is required to attend a minimum of three HANDS4HOPE events throughout the year. The HANDS4HOPE Board has an advisory role in guiding the organization. It is expected to provide advice and direction for program development and planning, policies, public relations, fund raising, and finances.

PAC will meet at least once a month, with additional meetings called as needed. The role of the PAC is to evaluate possible outreach opportunities and help youth coordinate and promote events and meetings.

YAC will meet once a quarter or as needed. The role of the YAC is to take the information from the PAC, and determine what outreach they want HANDS4HOPE to support and how they want to do it, i.e. drive, event, fundraiser, etc. They are also responsible for approving Team projects, making sure they meet the HANDS4HOPE guidelines.

PROGRAM POLICIES & PROCEDURES

Recruitment

Any youth in grades kindergarten through 12th grade can join HANDS4HOPE. Youth must fill out a registration form to join (found on home page of website www.hands4hopeyouth.org).

Recruitment opportunities are as follows: by introduction of HANDS4HOPE at the schools, by exposure throughout the community, by the Hands4Hope website, through local publications, and referrals. The Executive Director will approve parent volunteer recruitment.

Volunteer inquiries will be responded to in no more than one week from date of request by either email or phone. Potential volunteers will be notified of the next team meeting according to their age group. The potential volunteer must complete and hand in their membership form before being placed on the HANDS4HOPE email list or being eligible to sign up for upcoming events. Once a volunteer is signed up they may, at anytime, discontinue their service with HANDS4HOPE.

Recruitment for Youth leadership will be the responsibility of the adult leader for each team. Youth placed in leadership positions must be members of Hands4Hope and have attended at least three meetings and participated and at least one outreach activity. Youth volunteers accepting a Youth Lead position

must attend HANDS4HOPE leader training sessions. A Youth leader may be relieved of his/her duties by the adult leader for not following HANDS4HOPE's policies and procedures and/or Code of Ethics.

Attendance

Attendance is strongly recommended at all team meetings and members are encouraged to participate in at least one outreach activity each month. There will be opportunities to sign up for outreach activities at meetings. Otherwise, members should check the website or wait until an email comes out giving an overview of upcoming activities and asking for sign ups. Members may also sign-up for meetings and activities at the Hands4Hope website.

If a member signs up for an event and later finds they cannot attend it, the member is required to call or email the event coordinator or info@hands4hopeyouth.org as soon as a conflict is noted or at least 24 hours before the event is to take place. Parents are asked not to make these calls for youth 7th through 12th grades, unless the member is sick and cannot make the call him/herself.

Inquiry

Any inquiries requesting service or donations from HANDS4HOPE will strictly follow inquiry guidelines. No service or donation shall be endorsed or promoted by HANDS4HOPE without inquiry guidelines being met.

All planned outreach must:

- help those in a special needs category, whether it be homeless, low income, military, victims of a natural disasters, etc.
- be in our current area of scope, unless military or natural disaster
- not be part of a nationally advertised campaign
- (i.e. Toys For Tots)
- fill a need that is not being fully met by other organizations

HANDS4HOPE may, on occasion, raise funds for an international outreach program, but the monies spent on this cannot exceed 10% of the organizations outreach budget.

The Parent Advisory Council (PAC) with youth input will make decisions about outreach activities. Solicitations for assistance, services, or donations must be requested in writing. Requesting agent may fill out an Service Inquiry form or submit a letter of request to a Hands4Hope Director. The request will then be

reviewed at the next Parent Advisory Council meeting and if considered reasonable, taken to the Youth Advisory Council or designated team for their input. If an answer is needed right away, the PAC may call a special meeting. The Service Inquiry form can be found on the Hands4Hope website: www.hands4hopeyouth.org. All inquiries shall be documented and kept on file for one or more years.

The PAC can decide on donation distribution, locations and times of events, and how best to run the event. The PAC can also overrule an inquiry acceptance if they feel it does not follow HANDS4HOPE's vision and purpose.

Finance

A checking account shall be kept at a local bank and shall be in the name of HANDS4HOPE. Two signers shall be on the account. These signers shall be adult members of the Board, one of which will be the Treasurer and the other the Executive Director.

The Executive Director is authorized to make non-budgeted expenditures up to \$500 consistent with meeting overall Hands4Hope financial performance goals for the fiscal year. For non-budgeted expenditures of \$500.01-\$1,000, the Executive Director must consult with the Chairman and Treasurer, and have a second signature, being that of the Chairman or Treasurer, on the check. Non-budgeted expenditures over \$1,000 need Board approval.

Youth and committee chairs wanting to purchase budgeted items for projects and programs must submit a purchase/check request. The request must be approved by the Executive Director and/or Treasurer before a check is furnished. If the request is approved and a check is drawn, a receipt for the purchase must be submitted to the Treasurer and a copy attached to the original request by the Treasurer.

Monies from fundraisers, grants, sponsorships, and donations will be deposited into the general account to be used for HANDS4HOPE scheduled activities, unless specified by donor. Change4Hope monies will be deposited and designated to collecting teams. These monies will be dispersed as voted on by team(s).

A relative of the committee chair, executive director, or assistant director may not hold the position of treasurer.

Supervision

Any youth grades kindergarten through 5th grade must have parental supervision at all HANDS4HOPE outings. Exceptions to this rule must have prior approval and documentation on file.

Supervision requirements for all HANDS4HOPE events are as follows:

- Two-deep adult supervision is allowed with one or more youth providing one of the adults is fingerprinted and on file with HANDS4HOPE
- Single adult supervision is allowed only if the adult is fingerprinted, on file with HANDS4HOPE, and two or more youth are present.
- Single adult supervision is never allowed with one youth, unless the adult is their parent/guardian.

Activity Leader can request additional parental supervision at their discretion.

Each member attending any service outing or event must have a permission slip signed and on file.

No service outing or event shall be without an HANDS4HOPE fingerprinted adult representative present.

Fingerprinting

All active adult and student volunteers over the age of 18 and interacting with youth are required to be fingerprinted through HANDS4HOPE.

Record-Keeping

All HANDS4HOPE records and forms are maintained and held by the Executive Director and/or Secretary.

Confidentiality

Membership information will be held confidential to non-HANDS4HOPE interests. No personal information or pictures of HANDS4HOPE youth will be released without prior approval from HANDS4HOPE member parent or legal guardian.

All HANDS4HOPE members will maintain confidentiality toward service or donation inquires when the requesting party wants to remain anonymous.

Any HANDS4HOPE member found not adhering to this policy will be asked to discontinue service with HANDS4HOPE.

Volunteers participating in activities for HANDS4HOPE will not be allowed to

publicly disclose specific names, or specific location of activity. In addition, no photographs will be allowed to be taken and posted without prior approval of Executive Director.

Transportation

Transportation for group HANDS4HOPE activities will be provided by participating parent volunteers. These volunteer drivers are required to have a Drivers' Insurance Information form on file. There must also be two adults in the car who are not related. Exceptions to this rule will be if a parent is driving their own youth with no other HANDS4HOPE members in the vehicle. A single adult volunteer may provide transportation for other youth members if they have the driver/insurance form on file, and have the other youth's parental consent.

Teens with a valid driver's license may drive themselves on HANDS4HOPE business, or during events if a driver/insurance form is on file.

Teens may only drive with other HANDS4HOPE youth in the vehicle for HANDS4HOPE business or during events with parental consent of both parties. General consent statements are included on the Driver/Insurance forms. An exception to this rule is if the teen driver is transporting a sibling.

Teens do not need a driver/insurance form on file to drive themselves or friends to and from meetings or events (or "outside" of HANDS4HOPE work time).

The leaders and adult volunteers will provide transportation for all HANDS4HOPE supplies and equipment.

No youth member will be allowed to ride with another member unless his or her parent/guardian has given permission. The leader must be informed of their approval in advance through written communication.

Overnight Visits and Out-of-Town Travel

HANDS4HOPE members traveling more than 75 miles outside of El Dorado or Sacramento counties, or overnight for an HANDS4HOPE event are expected to maintain the HANDS4HOPE Code of Ethics (see page ??).

No youth will be unsupervised at anytime during travel and permission slips must be signed and on file prior to departure.

Arrangement for meals while traveling will be communicated to members at least two days in advance of departure. Male and female sleeping arrangements will be made to completely segregate sexes, and a chaperone will be present in all sleeping areas.

Mandatory Reporting of Child Abuse and Neglect

This policy is in effect for HANDS4HOPE members. Definitions of child abuse and neglect will cover what constitutes physical abuse, neglect, sexual abuse, sexual exploitation, emotional or mental injury, and abandonment.

It is the policy of the HANDS4HOPE that all volunteers and other representatives of the program must report any suspected child abuse and/or neglect to the Executive Director. The Executive Director is then to fill out a confidential HANDS4HOPE incident form and file for documentation, a DOJ Mandatory Child Abuse Reporter form (ss 8572) and submit to the local authorities pursuant to California State penal code 11166.

In the case of an HANDS4HOPE member suspected of being abused by someone outside his or her family, a parent will be notified immediately.

If alleged abuser is a HANDS4HOPE member, volunteer or parent, the alleged abuser will not be allowed to participate in any HANDS4HOPE activities until all investigations are final.

Please note, that while it is HANDS4HOPE policy that all members report to the Executive Director any suspicion of child abuse, California state law does not require volunteers to report child abuse. The reporting volunteer's name will not be used or documented in any reports, verbal or otherwise, unless the reporting volunteer agrees to do so.

Use of Alcohol, Drugs, Tobacco, and Firearms

No use of alcohol, drugs, tobacco, firearms or any other item that could be used as a weapon will be allowed by any HANDS4HOPE member, volunteer, or parent at any function hosted by HANDS4HOPE. Exceptions to this rule include pocketknives, box cutters, ect. used for utility purposes only with adult permission and supervision.

Unacceptable Behavior

Courtesy for HANDS4HOPE members and leaders is expected and required from all members. Hazing, picking on, and/or bullying another member or those we are helping is prohibited. When the designated sign for "Attention and Silence" is used, all members will settle down, with no talking or noise, and listen.

Youth Leaders are to redirect their own team members. When this is not possible, an adult leader will intervene. When it is not possible for the leaders (teen and/or adult) to control a member with normal accepted redirection, a parent will be called to intervene. Prior to the member's return, a meeting between leaders, parents and the member will be held to attempt to resolve issues. These meetings will be documented and any member exceeding three

incidences will be suspended from engaging in an normal Hands4Hope activities for one year.

Failure to follow the HANDS4HOPE Code of Ethics will result in further action as deemed appropriate by Executive Director, adult leader, youth leader, or activity coordinator.

Good Citizenship

HANDS4HOPE volunteers are required to familiarize themselves with the HANDS4HOPE Code of Ethics and sign the attached Code of Ethics agreement form. Members are expected to conduct themselves within these guidelines while representing HANDS4HOPE and in everyday life.

HANDS4HOPE CODE OF CONDUCT

The following guidelines will assist the volunteers to develop and maintain relationships with fellow volunteers and parents and exhibit ethical conduct with those we are assisting.

As a volunteer, you shall:

- be helpful to others when work is to be done.
- be friendly to other volunteers and those we are helping
- be respectful, considerate, and courteous to one another, adult helpers and those we are helping
- have a positive attitude when working to promote good teamwork and project a good image to the community
- be kind and do good deeds without expecting a reward

EVERYDAY

The youth of Hands4Hope are expected to perform on a different level than most youth. Hands4Hope youth are expected to be a step above, setting a good example and performing on a daily basis with our mission in mind: to make a difference in the lives of others with our kind words, positive actions, and visions of hope.

As a member of Hands4Hope, you are expected to consistently:

- be kind to others (even people you don't like)
- use kind words
- be helpful
- commit random acts of kindness
- set a good example
- be a light for others to follow

Community Service Hours

Hand For Hope will document volunteer service hours for each event. These records will be maintained and held by the Secretary. This information may be requested in writing by a member. Hours of service will only be documented for youth and adults when they complete the Sign in and out form, provided at HANDS4HOPE meetings and events. Verification of hours served cannot be guaranteed if member forgets to use the sign in/out sheet. Members are responsible to write their own service verification statement/letter to be signed by Executive Director, Assistant Director, Secretary, or Activity Leader. A Community Service Documentation Form can be found at the HANDS4HOPE website: www.hands4hopeyouth.org.

Please refer to the Confidentiality section of this manual to review Hands4Hope policy on the use of community service hours that will be publicly disclosed.

Dress Code

It is recommended that the youth and adult volunteers of Hands4Hope wear HANDS4HOPE t-shirts when participating in outreach activities. This provides a safety measure for our youth. The volunteers in charge can easily identify which youth are with HANDS4HOPE and the youth can identify safe adults they can come to for guidance or help. The identifying mechanism of the t-shirt is also good for those we are working with to be able to identify who is a volunteer and who is not.

Whether or not youth and/or adult volunteers choose to wear HANDS4HOPE t-shirts, each volunteer must be dressed neat, clean, and modest. The youth of Hands4Hope are encouraged to express themselves and show their individuality, however t-shirts with racial or explicit phrases will not be tolerated. All apparel must be free of explicit or innuendo references to race, alcohol, drugs, tobacco, sex, vulgarity, profanity, death, suicide and violence. Youth and adults must show some modesty in their dress, not exposing inappropriate amounts of cleavage or midriff. All clothing shall preclude indecent exposure when sitting, standing or performing normal/required activities.

Judgments as to what is neat, clean, modest, immodest, appropriate or inappropriate will be made by HANDS4HOPE Executive Director and adult project leads, and decisions are final. If a youth is dressed inappropriately, they will be sent home to change. If there is no time for this, the youth's parents will be asked to take them home and they will not get to participate in said event.

Hands4Hope

Youth Making A Difference

Registration Form

Participant Information:

First Name	Last Name	Age	Grade	Cell #	School

Guardian Information:

Mother/Guardian -

Father/Guardian -

First Name:		First Name:	
Last Name:		Last Name:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
E-mail:		E-Mail:	
Address:		Address:	
City/St/Zip:		City/St/Zip:	

Emergency Contact Information:

(For circumstances when neither parent/guardian can be reached)

Name	Address	Phone Number

For more information on Hands4Hope visit www.hands4hopeyouth.org
or call (916) 484-5873 or (916) 919-5695.

HANDS4HOPE CODE OF CONDUCT

The following guidelines will assist the volunteers to develop and maintain relationships with fellow volunteers and parents and exhibit ethical conduct with those we are assisting.

As a volunteer, I will:

- be helpful to others when work is to be done.
- be friendly to other volunteers and those we are helping
- be respectful, considerate, and courteous to one another, adult helpers and those we are helping
- have a positive attitude when working to promote good teamwork and project a good image to the community
- be kind and do good deeds without expecting a reward

EVERYDAY

The youth of Hands4Hope are expected to perform on a different level than most youth. Hands4Hope youth are expected to be a step above, setting a good example and performing on a daily basis with our mission in mind: to make a difference in the lives of others with our kind words, positive actions, and visions of hope.

As a member of Hands4Hope, I will consistently:

- be kind to others (even people you don't like)
- use kind words
- be helpful
- commit random acts of kindness
- set a good example
- be a light for others to follow

Name

Date

Signature

Photo Release Form

Hands4Hope
Youth Making A Difference
3941 Park Drive, Ste. 20-264
El Dorado Hills, CA 95762

Permission to Use Photographs

Subject: Hands4Hope Outreach Events/Meetings

Location: Various locations in El Dorado & Sacramento Counties

I grant to Hands4Hope – Youth Making A Difference, its representatives and volunteers the right to take photographs of me and my property in connection with the above-identified subject. I authorize Hands4Hope, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Hands4Hope may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name(s) _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)

Release and Indemnity

TO: Name of Party Sponsoring Event (the "Sponsor")

RE: _____ (the "Event") to be held on _____, 2010.

IN CONSIDERATION OF being permitted to participate in the Event, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, hereby:

1. Acknowledges that the undersigned's participation in the Event may include activities that may be hazardous to the undersigned and assumes the risk of injury or harm associated with such participation.
2. Releases and forever discharges the Sponsor and its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns (collectively the "Releasees") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to myself or property howsoever caused, arising or to arise by reason of or during my participation in the Event, whether prior to, during or subsequent to my attendance and notwithstanding that any Claim may have been contributed to or occasioned by the negligence of any of the Releasees.
3. Indemnifies and saves harmless the Releasees from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation in the Event.
4. Understands and acknowledges that the Sponsor does not carry or maintain health, medical or disability insurance coverage for the undersigned and therefore agrees to assume responsibility for such insurance coverage on the undersigned.
5. Agrees that in the event that any provision of this Release and Indemnity is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this Release and Indemnity which shall continue to be enforceable.

I HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING.

Printed Name of Parent/Guardian	Signature of Participant or Legal Guardian (if participant is under 18)
Date	Name of Participant(s)
Contact in Case of Emergency	Name of Participant(s)
Relation to Participant	Telephone/Cell No. of Participant
Address of Contact	Name of Physician
Telephone No. of Contact	Telephone No. of Physician

**Hands4Hope
Youth Making a Difference
Vehicle/Driver Information Sheet**

Vehicle Information

Vehicle 1	Vehicle 2
Make	
Model	
Year	
License Plate #	
Number of Seat Belts	

Insurance Information

Amount
Each Person (Minimum \$50K)
Each Accident (Minimum \$100K)
Property Damage (Minimum \$50K)

Driver Information

Driver 1	Driver 2
Name	
Driver's License Number	

Signature _____

Date _____

Address _____

City/ZIP _____

Home Phone _____

Wireless Phone _____

2010 Permission for Transportation

(I)/(We), the undersigned parent/guardian of _____, a minor, give permission for him/her to be transported in the vehicle of a Hands4Hope insured volunteer. I understand that this volunteer is an adult over the age of 18 and that other youth may be riding in the same vehicle.

(I)/(We), the undersigned, understand that Hands4Hope, Youth Making A Difference, will not be held liable for any accidents or injuries that may occur while said minor is being transported.

Name of Event/Project: _____

Departure time: _____ Approx. Arrival Time: _____

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____

Emergency phone # _____

Note: If you would like this to be valid for all events for 2010, put "All 2010 Events" on the Name of Event/Project line.

Parental Consent for Teen Drivers

I/we, _____ give permission for my child,
_____ to drive him/herself during Hand For Hope
business. I verify that my child has a valid California driver’s license and
insurance coverage as listed above. I understand Hands4Hope is not
responsible for any accidents or injuries that may occur while driving. I
do/do not give consent for another member to ride in the vehicle my child
is driving.

Parent/Guardian Signature

Date

**Hands4Hope
2010 General Permission Slip- Youth**

(I)/(We), the undersigned parent/guardian of _____, a minor, hereby give permission for him/her to participate in Hands4Hope activities during the calendar year 2010.

Medical Consent

(I)/(We), the undersigned parent/guardian of _____, a minor, do hereby authorize Hands4Hope, Youth Making a Difference, as agents for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff at any hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to provisions of Section 25.8 of the Civil Code of California. Authorization shall remain in effect until December 31, 2010, unless sooner revoked. (I)/(We) hereby authorize any hospital, which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my/our above named agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

The above named minor has an allergic reaction to: _____

General Information

Yes/No Asthma

Yes/No Diabetes

Yes/No Heart Trouble

Yes/No Hemophilia

Yes/No High Blood Pressure

Yes/No Kidney Disease

If Yes to any of the above, Please explain: _____.

List any medications taken on a regular basis: _____.

Name of physician _____ Telephone# _____

Personal Health Insurance Carrier _____

Policy/Group # _____

Signature of Parent/Guardian _____ Date _____

Emergency Telephone #: _____

Hands4Hope – Youth Making A Difference
3941 Park Drive, Suite 20-264, El Dorado Hills, CA 95762
916-484-5873 • www.hands4hopeyouth.org

COMMUNITY SERVICE VERIFICATION FORM

Student Name _____

Name of Activity _____

Location of Activity _____

Responsibilities _____

Name of Site Manager _____

Dates and hours served (please include month, day and year) _____

Total hours served at this agency: _____

Signature of Site Manager _____

*Volunteers participating in activities for HANDS4HOPE will not be allowed to publicly disclose specific names, or specific location of activity. In addition, no photographs will be allowed to be taken and posted without prior approval of Executive Director.

Service Inquiry Form
Hands4Hope
Youth Making A Difference
3941 Park Drive, Ste. 20-264
El Dorado Hills, CA 95762
(916) 484-5873

Date of Inquiry_____

Name_____ Phone number_____

Email_____ Organization/Affiliation_____

Please describe in detail the service or donation you are requesting:

Date service/donation is needed_____

If request is for service, approx. hours needed_____

If request is for volunteers*, number needed_____

*Youngest age acceptable_____

Hands4Hope is a youth based organization with a mission to make a difference in the lives of others. Your request will be carefully considered following Hands4Hope inquiry guidelines. Please allow 2-4 weeks for response to your inquiry. **If your need requires an expedited response, please check here_____**

Hands4Hope use		
PAC Review Date:	YLT Review Date:	Date Responded:
Accept/Reject	Accept/Reject	

Child Abuse and Neglect Report

(To be filled out by Executive Director, and confidentially filed for HANDS4HOPE)

Date: _____

Person making report to HANDS4HOPE: _____

Relationship to child: _____

Reported to: _____ Date: _____

(DCFS Staff name)

Name of child: _____ Age: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Parent/Guardian: _____

Relationship to Child: _____

Name of person suspected of abuse or neglect: _____

Relationship to the child: _____

Describe suspected abuse or neglect; include the nature and extent of the current injury, neglect, or sexual abuse to the child in question: _____

Describe, if known, the circumstances leading to the suspicion that the child is a victim of abuse or neglect. _____

Describe, if known, any previous injuries, sexual abuse, or neglect experienced by this child or other children in this family situation and any previous action taken, if any. _____

Instructions for Finger-Printing/Live Scan

Nor Cal Fingerprinting
7600 Rossmore Lane (Lake Hills Church classroom)
El Dorado Hills, CA

Contact: Phil or Judy Phone: 916/358-5014
Hours: Monday-Friday, 8:30-1:30 (or call for appointment)

Bring with you the following items:

- ~ Photo I.D.
- ~ \$13, Cash or Check
- ~ Request for Live Scan Service form. Complete second section only ("Name of Applicant"). Check DOJ for Level of Service.

The Live Scan operator will do the rest!

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: AC602 Type of Application: Volunteer - Youth Organization
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Volunteer

Agency Address Set Contributing Agency:

Hands for Hope 13692
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

3941 Park Drive, Suite 20-264 Jennifer Bassett
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

El Dorado Hills CA 95762 (916) 919-5695
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - N/A
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street No. Street or PO Box

Place of Birth: _____
City, State and Zip Code

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. _____ Street or PO Box _____ Mail Code (five digit code assigned by DOJ) _____
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

ACKNOWLEDGEMENT FORM

Please read the Hands4Hope Policies & Procedures Manual with your child and discuss the information provided. Once you have read the Handbook, sign the form below and return it to your child's adult lead at the next team meeting. Thank you for your time and cooperation.

I have read the H4H Policies & Procedures with my child. We understand the information presented in the contents.

Parent/Guardian Signature

Date

Member Signature

Date