

**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: \_\_\_\_\_

