Days want to work: (please circle)

M Tu W Th F

HELPING HANDS PROGRAM REQUIRED INFORMATION

VIA Rider	Number	

Applicant Information

Name:	Middle	Last	
Date of Birth:		ge:	
Likes to be called:			
Emergency Contact Informati	on (Must be filled	out completely)	
1. Name:		Contact Number:	
2. Name:		_ Contact Number:	
Primary Physician Name:			
Phone: *In case of an emergency, which could parents/guardians be available to answ		ss: ng our hours of operation, it is important that om our program.	
88888888888888888888888888888888888888	8888888888888888888888888	888888888888888888888888888888888888888	88888
Father's Name:		Last	
Address:		Last	
		Work:	
E-mail Address:			
Contact in case of emergency:	yes	no	
Mother's Name: First		Last	
Address:		Last	
Home Phone:	Cell:	Work:	
E-mail Address:			
Contact in case of emergency:			
Guardian's Name:		Last	
Address:		Lust	
		Work:	
E-mail Address:			
Contact in case of emergency:			

Type of Guardianship:		
Is Applicant his/her own guardian:	yes	no
If yes, the Applicant to be contacted regarding the Helping Hands 1. 2.	gives perm Program:	ission for the following person(s
Applicant Signature		Date
Type of Funding: HCS ICF ALA Priva	nte Pay Other_	
Agency Name:		
Address:		
Case Manager:		
Work Phone:	Cell Pho	one:
Group Home Name:		
Address:		
Resident Director:		
888888888888888888888888888888888888888	88888888888888888888888888888	888888888888888888888888888888888888888
Medical Information:		
Primary Diagnosis:		
Secondary Diagnosis:		
Allergies:		
Food Restrictions:		
Other medical information:		
Helping Hands Program does not dispense a prescription and over the counter medication		
understands no medications are dispensed at		
Signature of Parent/Guardian or Applicant		
Signature of Farent/Guaratan or Applicant		Date

Bathroom/Toileting Habits:	
Ooes the Applicant have any special toileting needs or habits?	Yes No
f yes, please describe in detail:	
Helping Hands Program is not able to provide one-on-one assistance	e with toileting. ALL
pplicants must be completely independent in the restroom. By significant	
pplicant understands all applicants must be independent with regar	ds to toileting issues.
ignature of Parent/Guardian or Applicant	Date
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	000000000000000000000000000000000000000
Eating Habits:	
Ooes the Applicant have any challenges while eating? Yes f yes, please describe in detail:	
No. 14 Annu 12 - 1	NT -
Ooes the Applicant steal or horde food? Yes	
Ooes the Applicant choke easily or spit out food? Yes _	No
Helping Hands Program is not able to provide one-on-one assistance	
pplicants must be completely independent when eating. By signing	
pplicant understands all applicants must be independent with regar	ds to eating issues.

Date

Signature of Parent/Guardian or Applicant

	nt have a history of defiance, emot behavior?Yes		ssive-aggressive, (or
If yes, please expl	ain:			
Does the Applica	nt have a formal behavior manager	nent nlan?	Ves	No
	vide a current copy.		105	110
able to control th	. By signing below, parent/guardi eir behavior at all times. In additi nal history of violence or sexual c	on, Helping Hand	s is not able to ac	
Signature of Parent/O	Guardian or Applicant		Date	
	888888888888888888888888888888888888888	8888888888888888888888888888	88888888888888888888888	388888888888
Transportation	three drop off/pick up areas at UU			
the parking lot fro tion also uses this	m Lockhill Elementary playgroun area for drop off/pick up. In addit	ion, VIA bus stops	at the church are	#603 and
the parking lot fro tion also uses this #97.	area for drop off/pick up. In addit nat kind(s) of transportation the pa	ion, VIA bus stops	at the church are	#603 and
the parking lot fro tion also uses this #97.	area for drop off/pick up. In addit	ion, VIA bus stops	at the church are	ransporta- #603 and
the parking lot frotion also uses this #97. Please indicate who VIA TRANS VIA TRANS researrive no earlier to 8:40am or leave l	area for drop off/pick up. In addit nat kind(s) of transportation the pa	ion, VIA bus stops rticipant will be us Group Home than 3:00pm for p n_3:20pm. Participa	at the church are ing: VIA Bus ick ups. Participatants who arrive ea	#603 and onts may arlier than
the parking lot frotion also uses this #97. Please indicate who VIA TRANS VIA TRANS researrive no earlier to 8:40am or leave leavery fifteen minutes than 20 minutes in the second secon	area for drop off/pick up. In addit nat kind(s) of transportation the pa Private Transportation rvations must be made for no later than 8:40am and leave no later than ater than 3:20pm after one warning	ion, VIA bus stops rticipant will be us Group Home than 3:00pm for p n_3:20pm. Participa g, will be charged a ve more than 20 m will be given. After	at the church are ing: VIA Bus ick ups. Participal ants who arrive eat an additional \$10.0 inutes early or lear one warning, I in the ingression of the inutes of the inu	#603 and onts may orlier than offor one offor one office makes one office makes one office one office one one one one one one one one one on

Additional Information:

Is there any additional information or special instructions that we Hands staff to know about the Applicant? (ie. successful work enships, ect.)	
If yes, please explain:	
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<u>VERIFICATION STATEMENT:</u>	
I, verify that provided in this application is true and accurate. I und requested information has been left out or misreprese immediately dismissed from the Helping Hands Progr	nted the applicant may be
Signature of Parent/Guardian or Applicant	

Helping Hands, Emergency Release, Photo Release, and Covenant of Conduct June 1, 2012—May 31, 2013

Helping Hands

Helping Hands is a day habilitation program which provides a Christ-centered and safe environment for adults who have special needs. Some daily activities include: shredding documents, stuffing bulletins, light cleaning, preparing meals, working on church projects, and community outreach projects. Daily Bible study/devotions and social opportunities are also part of the program. All new applicants will visit for one to three days to help determine if Helping Hands would be a successful work environment to meet their needs. The Helping Hands program is not designed for those who require one-on-one services or for those who are able to be gainfully employed in the community. In addition, those who display emotional outbursts, psychotic and/or disruptive behaviors will not be able to participate in our program.

The "u|ability" (special needs) ministry of University UMC is staffed by trained church staff members and caring volunteers. The ministry does not provide professional or nursing services (which includes distribution of medications). We believe your loved one will find Helping Hands a wonderful place to help and serve others. At their discretion, Helping Hands staff reserves the right to dismiss participants from the program for an extended period of time or on a permanent basis due to behavior or attendance/tardy issues.

Differ Ecticy Telease	Emerge	ncy R	lelease
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I, the undersigned parent or guardian of	, do hereby authorize adult
workers of University United Methodist Church (the "Church"), as agents	for the undersigned, to consent to any
examination, x-ray, anesthetic, medical or surgical diagnosis or treatment	and hospital care which is deemed
advisable by and is rendered under the general or special supervision of ar	ny physician or surgeon licensed under the
Medical Practice Act (or a similar act under the laws of the state where the	e Church activity is being held) on the
medical staff of a licensed hospital, whether such diagnosis or treatment is	s rendered at the office of said physician or
at said hospital. In case of an emergency, I give my permission to the spo	nsoring adults to have emergency medical
care given to my son or daughter. I also release University UMC and all p	persons participating in church sponsored
activities from any and all liability.	

Photo Release

I, the undersigned parent(s) or guardian of the participant listed above give University United Methodist Church, San Antonio, Texas, the absolute right and permission to use my son or daughter's photograph in its promotion materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, cd-rom, internet), or other form of promotion. I release the Church, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary rights I may have in connection of such use.

Covenant of Conduct

In all programs, field trips, or other events under the sponsorship and/or guidance of the Church, I am representing the Christian community and I am responsible for my actions. I understand the following guidelines will be followed:

- 1. Treat everyone kindly with words and deeds.
- 2. All dress shall be in good taste and in accordance with the dress requested for the Church event.
- 3. We expect attendance on all assigned days. Please call or e-mail if a team member will be absent. A team member will forfeit their spot on a given day after three absences without prior notification.
- 4. All individuals are expected to join in group activities.

5. Treat with special care, both God's house and the	property of others.
	tand the above Covenant of Conduct, by it to the best of my ability.
Participant's Signature:	Date:
Covenant of Conduct, a serious attempt to contact all t	s of this agreement. If my son or daughter disregards the the above phone numbers will be made and plans to pick up the east 18 years of age, have read and understand the foregoing eement.
Parent's Signature:	Date: