

**HAPPY HAVEN HOME, INC.**  
2311 Wakefield Drive  
Cookeville, TN 38501  
(931) 526-2052

**RELIEF - VOLUNTEER PROGRAM**

Happy Haven relies heavily on volunteers who are willing to either take children into their homes on occasion or who can stay at the home for an evening or weekend in order to give our full-time staff a much-needed break. This program is essential to the work at Happy Haven, not only because the state requires us to provide time off, but also because it is necessary for the emotional well-being of our houseparents and their families.

In order to meet state requirements we ask that you complete the following:

- \_\_\_\_\_ 1. Application
- \_\_\_\_\_ 2. Reference list (we must have at least 3 references on file)
- \_\_\_\_\_ 3. Health Certificate signed by your doctor. (1 for each adult)
- \_\_\_\_\_ 4. T.B. skin test (can be obtained free at Health Dept.)
- \_\_\_\_\_ 5. Tennessee Child Abuse Screening (1 for each adult)

Please complete and return all forms to Happy Haven Home.

**THANK YOU !!!**



Wife signature \_\_\_\_\_

Date \_\_\_\_\_

## REFERENCE LIST

Minister Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Elder Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Physician Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Employer Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Neighbor Or Friend Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Friend Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Two Relatives in Close Touch with Family:

Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Date \_\_\_\_\_ Signed (Husband) \_\_\_\_\_  
(Wife) \_\_\_\_\_

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**CERTIFICATE OF GOOD HEALTH**

\_\_\_\_\_ has applied to serve in a  
(Name) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
child-caring capacity of Happy Haven. The agency must have a current TB skin test and other medical  
information. The above-named person has given the agency permission to obtain this medical report.

Medical History:        yes                      no

T.B. or other  
pulmonary problems        \_\_\_\_\_

Sexually transmitted  
diseases                                \_\_\_\_\_

Seizure disorders                      \_\_\_\_\_

Mental disorders                      \_\_\_\_\_

Heart problems                        \_\_\_\_\_

Any other chronic  
or communicable  
diseases (specify)                      \_\_\_\_\_

Date of T.B. skin test: \_\_\_\_\_ Results: \_\_\_\_\_

Please comment on any physical, mental or emotional condition or any communicable disease apparent  
from your examination or knowledge of the above-named person which might affect persons placed in the  
home.

M. D. Signature \_\_\_\_\_

Date \_\_\_\_\_

(Complete Name of Applicant) \_\_\_\_\_ (Social Security Number) \_\_\_\_\_

\_\_\_\_\_ is required by the Tennessee Child Abuse  
(Name of Child Welfare Agency, Volunteer Group, etc.)

Law (TCA 14-10-129) to inquire if you have ever been convicted of a felony (including a suspended sentence). Yes % No % If yes, please describe.

**(FOR FOSTER PARENTS ONLY)**

Is or has anyone living in your home ever been under investigation for any sexual offense (excluding any charges which were fully cleared)? Yes % No % If yes, please describe

**(FOR OTHERS, NOT INCLUDED ABOVE)**

Have you ever been under investigation for any sexual offense (excluding any charges which were fully cleared)? Yes % No % If yes, please describe

Falsification of required information may subject the person to criminal prosecution.

It shall be unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information.

The Tennessee Department of Human Services, in cooperation with the Tennessee Bureau of Investigation, shall by accessing the computer criminal registry files maintained by the Tennessee Bureau of Investigation, enter the Social Security Number and the name of such applicant to verify the accuracy of the criminal violation information. If the department finds such information has been falsified on the application, the department shall notify the appropriate district attorney of such violation. (Act 1985, Chapter 478, Section 27.)

**(FOR FOSTER PARENTS ONLY)**

The Social Security Number and name of any adult living in the home are subject to the same verification.

My signature on this form gives Happy Haven Home my consent to conduct an inquiry concerning information I have stated and also includes checking court, criminal, police or FBI records and motor vehicle records, if applicable.

Signed by Applicant

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