



# HOUSE OF HOPE

*A faith-based, non-profit transitional living facility*

www.houseofhopeks.com

Return this application to Thomas West (785)383-1142, email [houseofhopeks@gmail.com](mailto:houseofhopeks@gmail.com), or mail to: House of Hope Inc  
4110 NW 62<sup>nd</sup> St, Topeka, KS 66618

## **House Leader Application**

Date \_\_\_\_\_

### ***Personal Information***

First, Middle, & Last Name: \_\_\_\_\_

Alias/Nick Names \_\_\_\_\_ Email address \_\_\_\_\_

Current address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Do you own a car? **Y N** Plate # \_\_\_\_\_

Make/model \_\_\_\_\_

Do you attend church? **Y N** If so, where \_\_\_\_\_

Are you born again? If so, how long ago? \_\_\_\_\_

List any extracurricular activities \_\_\_\_\_

### ***Work History***

Current Employer & Job Position \_\_\_\_\_

Number of years there \_\_\_\_\_ Highest level of education \_\_\_\_\_

If not working, how long and why? \_\_\_\_\_

Do you have a relationship with your family? **Y N** Add't info \_\_\_\_\_

List 2 Emergency contacts: Name, relationship, phone number \_\_\_\_\_

**Legal Information** (this information will not disqualify you, but failure to disclose it will)

Are you on parole/probation? **Y N** How long? \_\_\_\_\_ Conviction \_\_\_\_\_

Name & number of Parole/Probation Officer \_\_\_\_\_

**Medical Information:**

Have you ever:

Been in a drug and alcohol treatment center	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Where/when
Suffered from mental illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diagnosis
Tried to commit suicide	Yes <input type="checkbox"/>	No <input type="checkbox"/>	When

Have you ever had a drug or alcohol addiction? If so, how long ago \_\_\_\_\_

Are you on any prescription drugs? **Y N** Name of drug: \_\_\_\_\_

Do you have a primary care physician? **Y N** Name: \_\_\_\_\_

Do you have health insurance? **Y N** Insurer: \_\_\_\_\_

Do you have any health issues or disabilities? **Y N** If so, please list them \_\_\_\_\_

Do you have a social worker? **Y N** Name & number \_\_\_\_\_

Why do you want to be a House Leader at House of Hope? What experience do you have with homeless adults and those wanting to rebuild their life? \_\_\_\_\_

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**RELEASE AND AUTHORIZATION**

I am authorizing House of Hope to do a background check in consideration for acceptance a House Leader. I am aware a background screening report may contain information regarding my criminal history, driving history, and other information about me. It may bear upon my character, general reputation, personal characteristics, and/or mode of living. I knowingly, voluntarily, and unconditionally release any named or unnamed information provider from any and all liability resulting from furnishing this information. A photographed, faxed, or emailed copy of this form will be as valid as the original. By signing below, I agree to House of Hope obtaining a background check.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK**

Please supply the following information to facilitate a background check on you.

Full Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Other names(s) Maiden/married \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License \_\_\_\_\_ State \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone number \_\_\_\_\_

**RESIDENCES (Starting with current and up to past 7 years)**

Street Address	City/State/Zip	How Long?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____