



Thank you for your interest in HANKServices

HOW DO I GET A TEEN TO DO CHORES AT MY HOUSE?

In order to provide the HANKServices teens and seniors with the best experience possible, as part of our compliance requirements to undergo a check against the Sexual Offender Registry, various internet and reference checks. Additionally, for the teen to work inside the home, a home assessment and interview will be conducted prior to being assigned a teen. Additionally, A HANKServices team member will accompany the teen on their first visit. Please note, some parents will want to meet you prior to sending heir teen to your home and may come to the beginning of the first visit with the HANKServices team member. All teens go through an orientation prior to receiving an assignment.

Please note, this application is not a guarantee of a match to a teen as it depends upon the availability of teens as well as your requested time.

HANKServices strives to complete applications as quickly as possible. As there are many moving parts to this application and we are working with volunteers, please try to get your application in as early as possible.

WHO DO I CONTACT WITH QUESTIONS?

Our team is happy to answer any questions or address any concerns that you may have.

Senior Application Manager info@hankservices.org

Call (516) 760-9884

HOW DO I SUBMIT MY APPLICATION?

Please complete and submit pages 2-4 of this packet to our office via mail. If you are unable to print the application, please call and leave a message and a volunteer will return your call.

HANKServices
31 Covert Ave. #90
Floral Park, NY 11001
(516) 760-9884



Application for Services

PRIVACY & PROTECTION OF INFORMATION: Security of information is extremely important to us. All information submitted is available to and accessed by only relevant personnel. Information is never sold or shared outside of HANKServices.

Personal Information

First Name		Middle	Last	
Maiden name: Any other names on last page				
Address	City		State	Zip
Years at current address If less than 7 years, please list previous addresses on last page				
Date of Birth				
Phone Home	Mobile		Preferred Phone	
Email				

Please list who else lives with you or will be present when the teen arrives. Use reverse side of paper if necessary.

First Name	Last		
Work phone	Mobile	DOB _____	

First Name	Last		
Work phone	Mobile	DOB _____	

Emergency Contact Information (typically a family member).

Emergency Contact	Relationship
Phone	

Please list a neighbor your teen can contact in the event of an emergency, i.e., a fall.

Neighbor Contact	Relationship
Address.	Phone

Second Reference

Name	Relationship
Phone	

How did you hear about HANKServices?

Time requested / Times a teen could come

Hours Available	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
8am-12							
12pm-3							
3pm-6							
6pm-8 weekdays 6pm-10 weekends							

Job Description *Teens are not permitted to use power tools.

What job do you want the teen to do? (Examples, snow shoveling, leaf raking, planting, annual plant removal, shrub trimming, weeding, watering, garage clean outs, other indoor tasks)

Affirmation and Signature

Please realize we do our best to vet each teen that will be working with you. The teen’s parent(s) may accompany the HANKServices team member to meet you on the first visit in order to see what the work will be. If there will be payment for services, they may wish to discuss the terms prior to the job. In the event the student is volunteering, the parent(s) still retains the option of meeting you to see where and what their child will be doing. We realize you may see this as an inconvenience, but we are sending a minor into your home and we need to allow for parental consent at each job.

Seniors are checked against the Sexual Offender Registry as well as various internet and reference checks.

In the event there are firearms in the house, my signature also attests that they are stored securely according to state and local laws.

I attest that I have comprehensive home or renters insurance, insuring that any injuries to invited guests or incidents involving my pet are fully covered.

If I have Alexa, Siri or any other recording devices, it will not record the teen.

I give my permission to process my application for HANKServices.

Signature

Date

Signature (spouse, partner)

Date

Space for previous addresses, and other names used, if applicable: