



HERO Application

Please complete both pages of this application and return to Cassie Hubbert, HERO Coordinator.

email chubbert@uplifteducation.org

address 606 E. Royal Ln., Irving, TX 75039

Full Name: _____

Email Address: _____

Phone Numbers

Cell: _____ Work: _____ Home: _____

Occupation: _____ Employer: _____

Work Address: _____

Universities Attended*

Bachelor's: _____ Concentration: _____

Master's: _____ Concentration: _____

Ph.D.: _____ Concentration: _____

Other: _____

*to become a HERO mentor, we require you have obtained at least one degree from an accredited US institution in order to best serve our students in a mentorship capacity. If you do not meet this requirement, we still encourage you to contact us about other volunteer opportunities with Uplift.

How did you hear about HERO? Website Facebook E-mail Referred by _____

Preferred geographic area(s): South Dallas East Dallas Northwest Dallas Arlington Irving

Are you on Facebook? yes no

Please complete Background Check Authorization form on reverse.



**UPLIFT EDUCATION
VOLUNTEER
CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby consent to and authorize Uplift Education to obtain from the Texas Department of Public Safety (DPS), all criminal history record information that relates to me and agree that such information may be obtained each year while I am a volunteer at the School or at such other times as is necessary or appropriate to comply with the regulations governing the School or with School policy.

I understand that the criminal history record information obtained by the School may not be released or disclosed to any person except as provided under the Regulations issued by the Commissioner of Education and that such records will be considered CONFIDENTIAL.

_____ I plan during the current school year to work with the students in the School and am providing the following information that I understand will be used by the School for a background check.

Name Printed

Address

City

State

ZIP

Telephone

Drivers License Number

Issuing State

Other Names of Record (i.e. maiden name)

Date of Birth

Signature

Date Signed