

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_

Have you lived in another state in the last five years?  Yes  No

If yes, which state(s)? \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you object to our agency running a background check on you?  Yes  No

**Personal references:**

References should have known you for at least 6 months, and not be relatives or live in the same household.

\_\_\_\_\_  
(name) (full mailing address) (phone)

\_\_\_\_\_  
(name) (full mailing address) (phone)

\_\_\_\_\_  
(name) (full mailing address) (phone)

Occupation (current or before retirement) \_\_\_\_\_

Education and training background \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Experience with teens \_\_\_\_\_

If you have a disability and require accommodations to perform your assignment, please indicate \_\_\_\_\_

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

**For Office Use Only**

Screening Process	Date Completed
Criminal Record Check	
Personal References	
1.	
2.	
3.	
Training	
ASPIRE for the Community Video (required)	
Volunteer Training (required)	