

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 _____

Are you fluent in any language other than English? If so, which language(s): _____

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 Volunteer Basics (required)	
College and Career Basics (required)	
Financial Aid Basics (required)	