

Eagledancer Youth and Family Services, Inc.

Application to Provide Youth Care

Husband: _____ **Date of Application:** _____
Wife: _____ **Type of residence:** House Apartment
Address: _____ Own Rent
City, State, Zip: _____ **# of Rooms:** _____ **Bedrooms:** _____ **Baths:** _____
Home Phone: _____ **Directions for reaching residence:** _____
Work Phone: _____ (Husband) _____ (Wife)
Phone: _____ (For emergencies) _____

We volunteer this information and understand a complete background check will be required prior to becoming a subcontractor.

Husband Primary Secondary

Wife Primary Secondary

Birthdate: _____ **S.S. #** _____
Birthplace: _____
Race & Language: _____
Religion: _____
Date married: _____ **Place:** _____
Number of prior marriages, if any: _____
List all previous surnames: _____

Birthdate: _____ **S.S. #** _____
Birthplace: _____
Race & Language: _____
Religion: _____
Date married: _____ **Place:** _____
Number of prior marriages, if any: _____
List all previous surnames: _____

Indicate the number of years completed: _____
 Grade school High school College
Other: _____
Special training: _____
Occupation: _____ **Salary:** _____
Length of employment: _____
Employer: (Name, Address, Phone) _____

Indicate the number of years completed: _____
 Grade school High school College
Other: _____
Occupation: _____ **Salary:** _____
Length of employment: _____
Employer (Name, Address, Phone) _____

Supervisor's Name: _____
Previous Employer: (Name, Address, Phone, & Supervisor) _____

Supervisor's Name: _____
Previous Employer: (Name, Address, Phone, & Supervisor) _____

Additional income and source: _____

Additional income and source: _____

Valid driver's license in this state: No Yes
If yes, license #: _____

Valid driver's license in this state: No Yes
If yes, license #: _____

Do you have any medical conditions that in any way may impair your ability?

Yes No **If yes, please explain.**

Are you on any medication for a diagnosed condition?

Yes No **If yes, please list medication and explain.**

Do you have a present and/or past history of alcohol or substance abuse?

Yes No **If yes, please explain.**

Have you ever received treatment for or been institutionalized for a mental illness?

Yes No **If yes, please explain.**

Have you ever been arrested, charged, convicted or incarcerated for any criminal offense?

Yes No **If yes, please explain.**

Persons to Contact in Case of Emergency

Name

Address

Phone Number

Children in Family

Name	Birthdate	School Grade/Occupation	Relationship
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All Other Members of Household

Name	Age	School Grade/Occupation	Relationship
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All Adult Children not Living in Your Home

Name	Age	School Grade/Occupation	Relationship
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References: (Minimum 3-one must be a family member)

Name	Relationship	Phone Number
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Have you ever applied for a youth from any other source? No Yes If yes, when and where?

Preference—Sex: M F Age(s): _____ Number of youth desired: One More than one

Foreign languages

	Language	Speak Fluently	Understand	Write	Read
<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that in making this application there is no definite commitment for either party. I authorize you to communicate with all former employers, school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I certify that the information provided is true and correct to the best of my knowledge.

Date _____ Husband _____ Wife _____
Signature Signature
