

Whispering Hope Ranch Ministries Staff Application

PLEASE FILL OUT ALL APPLICABLE INFORMATION - PRINT NEATLY

Full Name: _____

List any physical limitations, allergies, or special dietary needs

Date of Birth: ____/____/____

Home address: _____

Are you CPR certified? YES/NO Expiration date: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Cell phone: _____

Please fill out the following only if you are 18 or older.

Emergency contact name: _____

Social security: _____

Emergency contact phone: _____

Driver's License: _____

State of Issue: _____

Email address: _____

All adults will be submitted for a background check.

Tee shirt size: S ____ M ____ L ____ XL ____

List any conviction you have other than minor traffic violation:

WORK EXPERIENCE: (List the last two)

	Name and Phone Number of Employer	Position	Dates	Reason for leaving
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

PERSONAL REFERENCES: (Personal references should NOT be relatives and should have known you for 3 years or more.)

Please supply each referee with a reference form and stamped envelope addressed to Whispering Hope Ranch.

1. Name: _____ Phone: _____ Relationship to you: _____
2. Name: _____ Phone: _____ Relationship to you: _____

IMPORTANT:

The information in this application is correct to the best of my knowledge. I authorize investigation of all statements herein and release Whispering Hope Ranch Ministries and all others from liability in connection with the same. I authorize any references or churches listed in this application to give any information (including opinions) that they may have regarding my character and fitness for working with children or youth. I waive any rights that I may have to inspect any information provided about me by any person or organization identified by me in this application. I also understand that untrue, misleading, or omitted information herein may result in dismissal regardless of the time of discovery. I authorize the use of photographs or videotape pictures of myself to be reproduced and utilized by Whispering Hope Ranch Ministries. I further state that **I have carefully read the foregoing release, know the contents thereof, and sign this release as my own free act.** This is a legally binding agreement.

In signing this application I authorize Whispering Hope Ranch Ministries and its appointed agents to conduct a criminal history/background check.

Signature _____ Date: _____

Please send your application to: Whispering Hope Ranch Ministries - 659 Mayhew Road - Rose City, MI 48654