



Greater Cincinnati Ulster Project Adult Application



Name: First _____ Middle Initial _____ Last _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Cell _____ Work _____

Date of Birth ___/___/___ E-mail Address _____

Church _____ Location _____

Driver's License # _____ State _____ Expiration ___/___/___ Sex: M / F

Occupation _____ Employer _____

Previous address if you haven't lived at your current address more than 5 years:

Experience working with youth: _____

References: (Please list only non-family members)

1. Name _____ Phone: _____

2. Name _____ Phone: _____

3. Name _____ Phone: _____

I understand that:

1. The information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting a criminal background check. I hereby release and agree to hold harmless from liability any person or organization that provides information.
2. The Ulster Project of Cincinnati is a volunteer controlled organization and I am able to commit one year of volunteer service.
3. I agree to abide by the rules and regulations of the Ulster Project of Cincinnati. I affirm that the information I have given on this form is true and correct.

Signature of applicant _____ Date _____