

ESCAPE

STUDENT APPLICATION

Note: We respect your privacy and will not share your information with anyone.

Full Name: _____

Address: _____ City/State: _____ Zip: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Phone Number: _____

EMERGANCY Contact: _____ Phone: _____

Email Address: _____

Date of Birth: _____ Gender: Female Male

Grade: _____

Racial/Ethnicity Identification (check all that apply):

____ Asian/Pacific Islander

____ Middle Eastern

____ Hispanic/Latino

____ White Caucasian

____ African American

____ Other: _____

____ Native American

____ I prefer not to disclose this information

Primary Language: _____ Secondary: _____

Place of Work: _____ Title: _____

Employer Contact Number: _____

Have you ever been fired from a job? ____ Yes ____ No

If yes, explain:

Do you agree to have a State of Michigan Criminal Background Check, Department of Human Services Registry Clearance, and an FBI fingerprint completed? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No
If yes, explain:

Have you ever been convicted of a sex-related crime? Yes No

If yes, explain:

Do you have a history of physical abuse? Yes No

Briefly describe the hardships, challenges or obstacles you are experiencing:

Briefly describe what your situation is like at home:

What are you looking to get out of Escape?

Are you comfortable sharing personal life stories?

Yes No

Who is Jesus Christ in your life, today?

By signing this document you agree to all of the rules and guidelines set by Escape.

Name Printed: _____

Signature: _____ Date: _____

State of Michigan Background Check Authorization Form

It is the policy of our organization to secure criminal conviction history information as a part of the volunteer screening process using the information provided below.

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name/Previously used names: _____

Date of birth: _____

Gender: _____

Race: _____

I understand that the Central Records division of the Michigan State Police in Lansing, MI requires the above information. I authorize ESCAPE to utilize the above information for the sole purpose of obtaining a conviction-only, criminal-history file search. I verify that the above information is complete and true. I understand that the agency is not obligated to assign me or continue my assignment if, in their professional judgment, if it would not be in the best interest of the people served by the agency or myself.

Signature: _____ Date: _____

Character Reference:

List three people who would be able to serve as a reference for you:

Name	Relationship	Contact Number
1.		
2.		
3.		

Additional notes/information you wish to provide:
