

# ESCAPE

## STUDENT APPLICATION (over 18)

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:

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

If yes, explain:

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Do you have a history of physical abuse? \_\_\_ Yes \_\_\_\_\_ No

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

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Briefly describe what your situation is like at home:

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What are you looking to get out of Escape?

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Are you comfortable sharing personal life stories?

\_\_\_ Yes \_\_\_\_\_ No

Who is Jesus Christ in your life, today?

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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:

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