



**SENIOR PARTNER APPLICATION**

DATE: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Any children? \_\_\_\_\_

Present Employer / Company \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Position \_\_\_\_\_ How long employed? \_\_\_\_\_ Supervisor \_\_\_\_\_

**List other employment or internships (most recent first)**

Position \_\_\_\_\_ How long employed? \_\_\_\_\_ Reason left \_\_\_\_\_

How many times have you moved in the last 5 years? \_\_\_\_\_

How long have you lived in Colorado? \_\_\_\_\_

**List the past 2 residences (most recent first)**

Address \_\_\_\_\_ City/State \_\_\_\_\_ How long there? \_\_\_\_\_

**Education or Training**

High School \_\_\_\_\_ Years attended \_\_\_\_\_ Graduate? \_\_\_\_\_ Year? \_\_\_\_\_

College/University/Technical Training \_\_\_\_\_ Years attended \_\_\_\_\_ Major \_\_\_\_\_ Grad. Date \_\_\_\_\_

Other? \_\_\_\_\_

Have you ever applied to be (or have been) a Senior Partner before? \_\_\_\_\_

Past experiences with children/youth: \_\_\_\_\_

**Health:** Poor \_\_\_ Fair \_\_\_ Good \_\_\_ Excellent \_\_\_\_\_ Any physical limitations or special concerns? \_\_\_\_\_

Are you taking medication on a regular basis? \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Have you ever sought counseling/therapy or treatment for any reason? \_\_\_\_\_

Dates: \_\_\_\_\_

Please Explain: \_\_\_\_\_

Explain your present use of alcohol or any other drugs: \_\_\_\_\_

Explain your past use of alcohol or any other drugs: \_\_\_\_\_

Do you have a valid Driver's License? Yes: \_\_\_ No: \_\_\_ State: \_\_\_\_\_ Number: \_\_\_\_\_

Do you have your own transportation? Yes: \_\_\_ No: \_\_\_ License Plate #: \_\_\_\_\_

If no, do you have access to transportation? Yes: \_\_\_ No: \_\_\_ Describe: \_\_\_\_\_

Do you have current vehicle insurance as required by this state's law? \_\_\_\_\_

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please describe your driving record and offenses: \_\_\_\_\_

**I will promptly report to Partners any changes in my insurance coverage or driver's license status.**

Signature

Date

Have you ever been the victim of a crime? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If YES, please explain: \_\_\_\_\_

Have you ever been involved, investigated, arrested, and/or convicted of an assault? \_\_\_\_\_

If YES, when: \_\_\_\_\_

Please explain: \_\_\_\_\_

Have you ever been involved, investigated, arrested, and/or convicted of a felony or any other offense?

If YES, when: \_\_\_\_\_

Please explain: \_\_\_\_\_

Have you ever been involved, investigated, arrested, and/or convicted of child abuse, neglect or sexual molestation of a minor? \_\_\_\_\_

If YES, when: \_\_\_\_\_

Please explain: \_\_\_\_\_

**Please list four references :**

1) **Relative** (known most of life)

2) **Employer/Professional**

3) **Friend** (spouse or significant other if applicable, known at least 2 years)

**4)Friend** (counselor/therapist if applicable, or friend known at least 2 years)

Name	Complete Mailing Address (Street, City, State & Zip Code) and Email Address	Phone #	Relationship	Years known

What attitudes and beliefs are of special importance to you?

Please list interests, hobbies, and activities that you pursue.

I understand that Partners will contact the above listed references, any other persons deemed necessary, and will complete a thorough investigation compiling information on me that includes, but is not limited to: my character, personal characteristics, mode of living, general reputation, criminal history, academic credentials, employment history, work habits, job performance, experience and reasons for termination, education, qualifications and motor vehicle driving record. I will provide Partners with proof of automobile insurance and driver's license. I understand that misrepresentation of personal information or history at any time could result in termination or non-acceptance in the Partners Program. I understand that the Partners organization reserves the right to decline volunteers or terminate their volunteer status at any time. A decline is not meant to be a reflection of the personal character of an individual, or of our perception of their ability to volunteer in another setting. Partners staff accepts or declines volunteers based on all the information gathered in the screening process and for reasons of confidentiality and liability will not share this information or reasons of denial with any applicant.

---

Signature

---

Date