



Teen and Host Family Application Checklist

Thank you for your interest in Ulster Project Arlington! This document contains all of the forms you will need to apply for participation in the Ulster Project Arlington, including:

1. **Application** (Facts About You & Tell Us About You) – to be completed by the Teen applicant
2. **Medical History** – to be completed by a parent regarding the Teen applicant
3. **Authorization For Release of Information** (background check) – to be completed by each adult (age 18+) in the Teen applicant household who will be living in the home during the project month. (Please make additional copies of this form, as needed, for the number of adults in your household.)
4. **Biography** – Separate sheet written by the Teen, about the Teen. Tell us about yourself, describe your family, your interests and hobbies. We want to get to know you better.
5. **Recommendation Letter** – written for the Teen, by someone not related to the Teen. Ideally, this would be from someone like a Youth Leader, Church Pastor, Teacher, Scout Leader, or another adult in an organization in which the Teen applicant is active. This letter can be mailed separately to the Recruiting Chair from the person writing it, or can be included in the application material.
6. **Photo of Teen** – wallet-size school photo, head shot, is ideal.
7. **Photo of Teen applicant's entire family** – casual snapshot of the family!

All of the above should be mailed to:

**Ulster Project Arlington
Recruiting Chair
P.O. Box 150701
Arlington, TX. 76015**

Interviewing of Teen applicants and their parents will begin in January!

If you have any questions, please contact Recruiting Chair at Recruiting@UPATX.com

The Ulster Project Arlington
FACTS ABOUT YOU
(Please print responses)

**Attach
Teen
Photo
Here**

*The information on this form will be used to match you with your teen.
If you complete the questions carefully and honestly, your chances of a suitable match will be improved.*

Full Name: _____

Address (as on envelope)

Zip: _____ Home Phone: (Including area code): _____

Parent Cell: _____ Teen Cell: _____

Parent/Guardian Email: _____

Parent/Guardian Names: _____

Teen Email: _____

Teen Birth Date (MM/DD/YYYY): _____ Name You Go By: _____

Your Height (feet & inches): _____ Your Weight (pounds): _____

Protestant or Catholic: _____ Your Church/Parish Name: _____

Your School: _____

Your T-Shirt Size: (please circle one, adult sizes): S M L XL XXL

I Have ____ (number) brothers, whose ages are _____, _____, _____, _____, _____, _____

I Have ____ (number) sisters, whose ages are _____, _____, _____, _____, _____, _____

YOUR INTERESTS

Music – What kind do you like? _____ Do you sing? Y N

What instruments do you play? _____ Do you dance? Y N

Sports – What do you like? _____ Do you swim? Y N

What sports do you play? _____

Computers – Are you interested in computers? Y N

Do you have access to a computer? Y N

Where? _____

Food – What are your favorite foods? _____

What are your LEAST favorite foods? _____

Are you a vegetarian? Y N

Social Activities	Never	Sometimes	Often
Watch TV	_____	_____	_____
Enjoy Parties	_____	_____	_____
Talk with 1 or 2 friends (rather than group)	_____	_____	_____
Comfortable talking in front of a group	_____	_____	_____

Pets (Please list all of your pets) _____

Tell Us About You

What are your hopes or plans for the future? _____

What are your favorite school subjects? _____

Why are you interested in participating in the Ulster Project? _____

What do you hope to gain from the experience? _____

What do you think YOU can offer to the project? _____

How do you spend your free time? _____

List your church/club activities _____

***Authorization For Release of Information
For New or Current Volunteers (required to continue service)***

Name (full last, full first, middle & maiden name) (mm/dd/yyyy)	Birthdate
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Provide home addresses for the past three years, most recent first:

Street, Apt#	City	State	Zip	Country
1.				
2.				
3.				

Telephones:

1. Home: _____
2. Work: _____
3. Mobile: _____

Email Addresses:

4. Email1 _____
5. Email2 _____

I understand that my continued service with the Ulster Project Arlington is conditional, pending the satisfactory completion of a **CRIMINAL BACKGROUND INVESTIGATION**.

I authorize Ulster Project Arlington to conduct a criminal background check and abuse registry check for the purpose of my continued service as a volunteer.

I hereby authorize law enforcement agencies, administrators, state agencies and other public or private entities which may possess the above mentioned information to furnish such information to the Ulster Project or its agent.

I further acknowledge that telephone facsimile (FAX) or photographic copy of this release authorization shall be as valid as the original.

I hereby release the Ulster Project, its agents, and all persons providing information or reports about me, from any and all liability arising of the request for or release of any of the above mentioned information or reports.

Signature: _____ Date: _____

<i>For Ulster Project Use Only</i>	
The following has been completed and its results are satisfactory: Criminal Background Check	
Verification Source: _____	Date of Verification: _____
Person performing verification: _____	Signature: _____
Comments:	

**Authorization For Release of Information
For New or Current Volunteers (required to continue service)**

Answering YES to any question requires complete details below

PERSONAL INFORMATION

1. Have you or anyone in your family, ever been charged with or convicted of a crime other than a minor traffic violation? Yes _____ No _____

2. Have you, or anyone in your family, ever been the subject of an investigation involving an allegation of physical abuse or sexual abuse? Yes _____ No _____

3. Has a civil or criminal complaint ever been filed against you, or anyone in your family, alleging physical abuse or sexual abuse? Yes _____ No _____

4. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse or sexual abuse by you? Yes _____ No _____

5. Have you, or anyone in your family, ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you? Yes _____ No _____