



# adult application 2012

Please reply to:

Peggy Theilman  
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first name \_\_\_\_\_ middle initial \_\_\_\_\_ last name \_\_\_\_\_  
 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. Ulster Project 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 Ulster Project Cincinnati. I affirm that the information I have given on this form is true and correct.

signature of applicant \_\_\_\_\_ date \_\_\_\_\_