

EAGLES' WINGS YOUTH RANCH

Albert and Dianne Hagan, Administrators
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E-mail: eagleswings@ewyouthranch.com Webpage: www.ewyouthranch.com

APPLICATION

Name _____ Age _____ Gender _____

Birth Date _____ E-mail Addresses _____

Mailing Address _____ City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Emergency Phone _____

Position(s) Requesting _____

Present Church Affiliation (if any) _____

Pastor's Name _____ Phone _____

References: Please give the name and phone number of three.

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Write a brief paragraph explaining why you would like to serve at Eagles' Wings. Include any experience which you have had working in the position you are applying for as well as any work with children or youth.

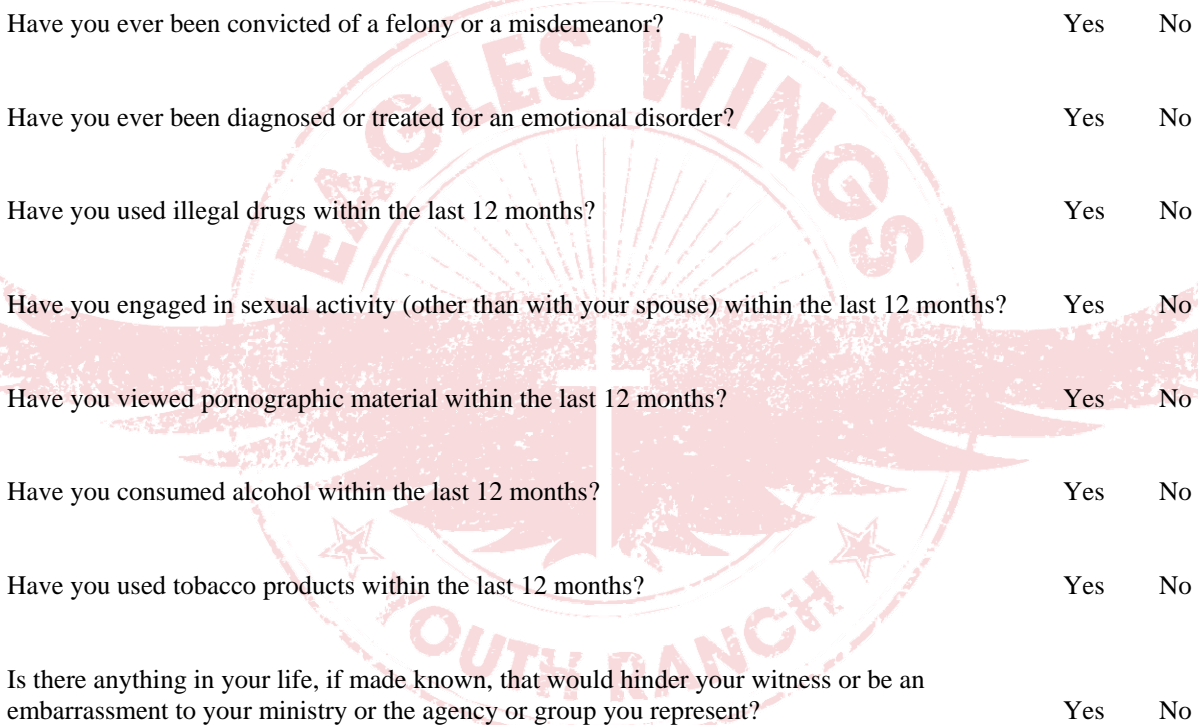
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History: Please answer the following questions and give an explanation to those answered 'Yes'

The next eight questions are highly personal in nature. The information will be handled sensitively and confidentially by the administrative staff evaluating your application. It will not be shared with anyone outside Eagles' Wings Youth Ranch. Because of the high visibility of our personal lives in a ministry of this nature, we need to be above reproach and an example of one representing Jesus Christ to others. Eagles' Wings Youth Ranch is concerned that participants exhibit strong convictions and a lifestyle consistent with Biblical standards.

As an applicant, we want you to understand that a past problem with illegal drug use and/or immoral relationships will not prevent you from being accepted provided: (1) it can be determined that convictions are strong and consistent with the Bible and, (2) a sufficient track record of Biblical living has been established.

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- | | | |
|---|-----|----|
| Have you ever been convicted of a felony or a misdemeanor? | Yes | No |
| Have you ever been diagnosed or treated for an emotional disorder? | Yes | No |
| Have you used illegal drugs within the last 12 months? | Yes | No |
| Have you engaged in sexual activity (other than with your spouse) within the last 12 months? | Yes | No |
| Have you viewed pornographic material within the last 12 months? | Yes | No |
| Have you consumed alcohol within the last 12 months? | Yes | No |
| Have you used tobacco products within the last 12 months? | Yes | No |
| Is there anything in your life, if made known, that would hinder your witness or be an embarrassment to your ministry or the agency or group you represent? | Yes | No |

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AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize Eagles' Wings Youth Ranch (EWYR) to have Choice Point's ScreenNow or any entity chosen by EWYR specifically for conducting this search to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said agencies and other entities from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant Date

Print applicant's full name: _____

Print all other names that have been used by applicant (if any): _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number: _____ State issuing license: _____

License expiration date: _____

Physical Address: _____

City: _____ County: _____ State: _____ ZIP Code _____

Daytime Phone: _____ Email: _____

Requested by: _____

Name: _____