

# HIGHER GROUND YOUTH & FAMILY SERVICES

## MARRIAGE & FAMILY THERAPIST APPLICATION



**You must also provide a valid government issued photo ID to complete this application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

Address: \_\_\_\_\_  
(STREET) (UNIT #) (CITY) (STATE) (ZIP)

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Contact Information: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of School: \_\_\_\_\_

Are you volunteering as part of a class/school requirement? \_\_\_\_\_ Class name, instructor, and hour requirement: \_\_\_\_\_

Previous experience working with children: \_\_\_\_\_

Special professional training, skills, hobbies: \_\_\_\_\_

Special certification/training (CPR, first aid, etc.): \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

### REFERENCES:

Please list 2 references (preferably 1 academic reference and 1 work reference):

1. Reference Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company/Organization: \_\_\_\_\_ Title: \_\_\_\_\_

2. Reference Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Company/Organization: \_\_\_\_\_ Title: \_\_\_\_\_

### EMERGENCY CONTACTS:

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

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**DAYS & HOURS OF AVAILABILITY (X all that apply):**

	Monday	Tuesday	Wednesday	Thursday	Friday
1 pm - 2 pm	-----	-----		-----	-----
2 pm - 3 pm					
3 pm - 4 pm					
4 pm - 5 pm					
5 pm - 6 pm					

**GENERAL MEDIA RELEASE:**

I hereby authorize Higher Ground Youth & Family Services to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions). I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by Higher Ground Youth & Family Services (I understand that I may be identifiable from such photographic or electronic reproduction).

**ADULT VOLUNTEER --- AS A CONDITION OF BEING INVOLVED IN THIS PROGRAM,** *I give permission for Higher Ground Youth & Family Services to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon Higher Ground Youth & Family Services receiving no information on my background that gives them concern. I hereby release and agree to hold harmless from liability Higher Ground Youth & Family Services and their affiliates, the officers, employees and volunteers thereof, or any other person or organization that may provide or receive such information. I also understand that, regardless of previous appointments, Higher Ground Youth & Family Services is not obligated to appoint me to a volunteer/staff position. If appointed, I understand that prior to the expiration of my term, I may be subject to suspension and/or removal by the Program Administrator and/or the Board of Directors for violation of Higher Ground Youth & Family Services policies or principles and/or for any matter giving rise to concerns for the safety of minors. I certify that I (applicant), hereby agree to the authorizations referred to in the above General Media Release.*

\_\_\_\_\_   
Applicant Name (Please Print)

\_\_\_\_\_   
Applicant Signature

\_\_\_\_\_   
Date