

Blazing Hope Ranch

PO Box 164

Dayton, TN 37321

SUMMER HANDS OF HOPE APPLICATION

APPLICATION PROCESS:

You must answer all questions in this application and send in:

- Signed and dated complete application
- Three reference letters (1 clergy, 2 non-family members)
- Signed and dated Confidentiality Agreement
- Photocopy of driver's license or some other form of picture id

Once we have received your application and additional documents/reference letters, we will present it to the review committee and contact you.

BASIC INFORMATION:

First Name: _____ Last Name: _____ M.I.: _____

Position Applying For: _____

Street Address: _____

Phone Number: (_____) _____ - _____ Email: _____

Date of Birth: _____ / _____ / _____ Age: _____ Gender: M or F SS#: _____ - _____ - _____

Driver's License #: _____ State: _____

Have you ever been convicted of a crime: Y / N Are you currently on Probation or Parole: Y / N

Have you ever been charged with a sexual crime/offense: Y / N

If yes, please explain: _____

EDUCATIONAL HISTORY:

Currently a student: Y / N Did you complete program: Y / N

If no, please explain: _____ Major/area of study: _____

Last school attended and address: _____

Highest degree/diploma/certificate received: _____

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EQUESTRIAN EXPERIENCE:

Please tell us about equestrian experience including any certificates: _____

EMPLOYMENT HISTORY:

Have you ever been terminated from an employed or volunteer position: Y/N

If yes, please explain: _____

Employer: _____ **Position:** _____

Start date: ____/____/____ Supervisor name & number: _____

Address: _____

Employer: _____ **Position:** _____

Start date: ____/____/____ to ____/____/____

Supervisor name & number: _____

Address: _____

Employer: _____ **Position:** _____

Start date: ____/____/____ to ____/____/____

Supervisor name & number: _____

Address: _____

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SPIRITUAL INFORMATION:

Do you know Jesus as your personal Savior: Y / N How many years: _____

Are you currently involved in a local church: Y / N

Home church name & Phone #: _____

How long have you attended this church: _____

Have you taken a Spiritual Gifts Inventory: Y / N

If yes, which gifts were identified listing strongest first & weakest last:

Ministries you are currently involved with/have been involved with including responsibilities:

What do you do to keep yourself spiritually healthy?

Do you have someone in your life that holds you accountable? How do you maintain accountability?

How do you deal with spiritual attacks?

Briefly tell about your spiritual journey in 150 words or less (*ie. salvation, significant times of growth*):

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PERSONAL INFORMATION:

What do you do for rest and relaxation?

In what areas are you struggling personally? How are you dealing with this?

Do you drink alcohol or smoke? Y / N If so, how much?

In the past how have you resolved emotional trauma (anger, bitterness, marital discord, etc)?

Have you been physically, sexually and/or emotionally abused? How have you dealt with the effects of this?

Have you or do you struggle with an addiction? If so, what are you doing to maintain recovery?

Are you currently or have you ever seen a professional counselor? If so, what is/was your diagnosis?

Have you ever worked in or been associated with the sex industry? Y / N

If yes, please explain: _____

Why do you want to be involved with Blazing Hope Ranch's summer prevention program?

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I certify that all information in this application is accurate and truthful. By this signature, I affirm that I understand that my application to be a volunteer is subject to approval by the Review Committee of Blazing Hope Ranch. I agree to adhere to the leadership of Blazing Hope Ranch and advise them if any of the above information in this application changes.

Signature

Date

Printed Name

*****For Office Use Only*****

Date Rec'd ____/____/____ By _____

Application ____ Confidentiality ____ ID ____ Reference letters 1____ 2____ 3____

Employment verified Y/ N with whom _____ Date _____

Review Date ____/____/____ Interview approved Y/ N

Contacted By _____ Date ____/____/____

Email _____ Letter _____ Phone _____

Date of Interview ____/____/____ By _____

Review Date ____/____/____ Approval Y/ N _____

Contacted By _____ Date ____/____/____

Email _____ Letter _____ Phone _____

Responsibilities Given _____

Start Date ____/____/____

Staff initials _____