



## Youth Consultant Application Form

Partnerships for Permanence  
445 Minnesota Street Suite 1500  
Saint Paul, MN 55101

Date: \_\_\_\_\_

If you have any questions, comments, or concerns about this application form, please email P4P's ED/CEO at [info@partnershipsforpermanence.org](mailto:info@partnershipsforpermanence.org). Your questions will be kept confidential.

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### Name:

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First Name

Last Name

### Address:

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Address 1

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Address 2

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City

State

Zip Code

### Contact Information:

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Phone

Email

Preference

**Are you in foster care or adopted?** (circle one)

Yes

|

No

**Were you formerly in foster care or adopted?** (circle one)

Yes

|

No

**Have you ever been convicted of a felony for violence, dishonesty, or theft?**  
(circle one)

Yes

|

No

**If selected to be a youth consultant, are you willing to submit to a pre-training drug screening? (circle one)**

Yes

|

No

**If selected to be a youth consultant, are you willing to submit to a background check?**

Yes

|

No

**Education:**

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Name of High School

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City

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Start Date

End Date

**Did you graduate? (circle one)**

Yes

|

No

**Education #2:**

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Name of Post Secondary

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City

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Start Date

End Date

**Did you graduate? (circle one)**

Yes

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No

**Education #3:**

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Name of Graduate School

---

City

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Start Date

End Date

**Did you graduate?** (circle one)

Yes

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No

**Work Experience:**

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Current Position's Title

---

Current Employer's Name

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Date Started

/

Date Ended

---

Current Position's Responsibilities

---

Current Employer's Address

---

Current Employer's Phone Number

**May we contact this employer?** (circle one)

Yes

|

No

**Work Experience #2:**

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Last Position's Title

---

Last Employer's Name

---

Date Started

/

Date Ended

---

Last Position's Responsibilities

---

Last Employer's Address

---

Last Employer's Phone Number

**May we contact this employer?** (circle one)

Yes

|

No

**Volunteer Experience:**

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Current Position's Title

---

Current Organization's Name

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Current Organization's Address

---

Current Position's Responsibilities

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Current Organization's Phone Number

**May we contact this organization?** (circle one)

Yes

|

No

**Volunteer Experience #2:**

---

Last Position's Title

---

Last Organization's Name

---

Last Organization's Address

---

Last Position's Responsibilities

---

Last Organization's Phone Number

**May we contact this organization?** (circle one)

Yes

|

No

**Reference #1:**

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Name of Personal Reference

---

Relationship to Personal Reference

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Phone Number of Personal Reference

**May we contact this reference?** (circle one)

Yes

|

No

**Reference #2:**

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Name of Professional Reference

---

Relationship to Professional Reference

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Phone Number of Professional Reference

**May we contact this reference?** (circle one)

Yes

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No

**Why are you interested in applying to become a Youth Consultant with Partnerships for Permanence?**

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**Describe your experience with foster care and/or adoption.**

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**By signing below, I certify that all of the information provided above is true to the best of my knowledge. I acknowledge that I prepared or had someone else legally prepare this document for me at my direction.**

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_