

**ULSTER PROJECT – ST. LOUIS**

**HOST TEENAGER APPLICATION**  
**TELL US ABOUT YOU**

A. Complete this application form. Please type or use a ballpoint pen and write clearly.

B. Please give honest and complete answers. Attach additional sheets as necessary.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

CHURCH/PARISH: \_\_\_\_\_

E MAIL ADDRESS (if different from parents) \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_ T-SHIRT SIZE (Adult) \_\_\_\_\_

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(Please answer the following questions and *Tell Us About You!* You may attach additional sheets if necessary.)

• HOW DID YOU HEAR ABOUT ULSTER PROJECT – ST. LOUIS?

• WHY WOULD YOU LIKE TO BE IN THE ULSTER PROJECT AND HOW DO YOU THINK YOU WILL PERSONALLY BENEFIT FROM YOUR EXPERIENCE?



## ULSTER PROJECT – ST. LOUIS

**Please check “often”, “seldom” or “never” for the following statements as they apply to you.**

	Never	Seldom	Often
I like to watch television	_____	_____	_____
I like to study	_____	_____	_____
I like to play musical instruments	_____	_____	_____
Which ones? _____			
I like parties.	_____	_____	_____
I like to talk with 1 or 2 friends rather than a group	_____	_____	_____
I like to eat new and different kinds of foods	_____	_____	_____
I'm comfortable talking in front of groups.	_____	_____	_____
I like to dance	_____	_____	_____
I like to swim	_____	_____	_____
I like to listen to music with my friends.	_____	_____	_____
I like to participate in sports	_____	_____	_____
Which ones? _____			
_____			
I like to meet new people	_____	_____	_____

**Check the activities or interest that your family participates in on a regular basis:**

_____ Family dinners	_____ hiking	_____ community work	_____ water skiing
_____ Snow skiing	_____ Music	_____ watching TV	_____ swimming
_____ canoeing	_____ visiting relatives	_____ sailing	_____ computers
_____ picnics	_____ jogging	_____ biking	_____ baseball
_____ Reading	_____ gardening	_____ camping	_____ movies
_____ Basketball	_____ riding horses	_____ tennis	_____ golf
_____ Church activities	_____ sports	_____ board games	_____ traveling
_____ Other _____			

**PERSONAL REFERENCES:**

Please provide a written personal reference from your clergy, teacher, scout leader, etc.  
(One is sufficient, more is ok.) Please have reference sent to addressee below.

**RETURN THE COMPLETED APPLICATION FORM AND REFERENCES TO:**

**Donna Bosenbecker  
1920 Lanchester Court  
Chesterfield, MO 63017  
(636) 394-1986**

**ULSTER PROJECT – ST. LOUIS**

**HOST PARENT APPLICATION - MOTHER**  
**TELL US ABOUT YOU**

- A. Complete this application form. Please type or use a ballpoint pen and write clearly.
- B. Please give honest and complete answers. Attach additional sheets as necessary.

MOTHER'S NAME: \_\_\_\_\_  
(Last) (First) (Middle Initial)

ADDRESS: \_\_\_\_\_  
(Street) (City, State) (Zip Code)

TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

ARE YOU A PROTESTANT OR A CATHOLIC? (Please circle one)

YOUR CHURCH OR PARISH NAME: \_\_\_\_\_

PLEASE LIST NAMES AND AGES OF CHILDREN IN THE FAMILY (please include step or half children that may be visiting during the month of the Irish teens visit.)

<u>Full Name</u>	<u>Age</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ULSTER PROJECT – ST. LOUIS

DOES ANY MEMBER OF YOUR FAMILY SMOKE? (Please circle one) YES NO

DO YOU HAVE ANY PETS? (Please circle one) YES NO

IF YOU ANSWERED YES, PLEASE WRITE THE ANIMAL TYPE AND NAME.

HOW DID YOU HEAR ABOUT ULSTER PROJECT – ST. LOUIS?

ARE YOU AND YOUR SPOUSE THE SAME RELIGION? PLEASE EXPLAIN IF YOUR ANSWER IS NO. (PLEASE ANSWER FOR STEP-PARENTS ALSO)

WHY WOULD YOUR FAMILY LIKE TO PARTICIPATE IN THE ULSTER PROJECT – ST. LOUIS?

HOW WOULD YOU BEST DESCRIBE YOUR TEEN THAT IS CONSIDERING HOSTING?

ARE YOU OR ANYONE CLOSELY RELATED TO YOU A MEMBER OF IRISH EXTREMIST GROUP OF PARA MILITARY FACTIONS?

YES

NO (Please circle one)

ONE OF THE CRITICAL ASPECTS TO OUR PROGRAM IS THE INVOLVEMENT OF THE TEENS PARTICIPATION IN THE CATHOLIC AND PROTESTANT WORSHIP SERVICES. DURING THE MONTH OF ULSTER WE ASK THAT THE ENTIRE GROUP VISIT ONE PROTESTANT WORSHIP SERVICE AND ONE CATHOLIC MASS. WOULD YOU AND YOUR SPOUSE SUPPORT YOUR TEEN AND THE IRISH TEEN IN THIS ACTIVITY?

YES

NO (Please circle one)

# ULSTER PROJECT – ST. LOUIS

HAVE YOU, OR ANYONE IN YOUR FAMILY, EVER BEEN CHARGED WITH OR CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, EXPLAIN FULLY THE CIRCUMSTANCES.

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HAVE YOU OR ANYONE IN YOUR FAMILY, EVER RECEIVED ANY MEDICAL TREATMENT, PHYSICAL OR PSYCHOLOGICAL FOR REASONS INVOLVING PHYSICAL, EMOTIONAL, OR SEXUAL ABUSE CAUSED BY YOU? IF YES, PLEASE EXPLAIN FULLY.

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## **VOLUNTEER HISTORY**

Please list your last three volunteer activities, starting with the most recent.

## **PERSONAL REFERENCES**

Please list the name, address and telephone number of three individuals who are sufficiently familiar with you to provide a character reference.

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(Name)	(Address)	(Phone Number)
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(Name)	(Address)	(Phone Number)
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(Name)	(Address)	(Phone Number)
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(Signature of Mother)	(Date)
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1920 Lanchester Court  
Chesterfield, MO 63017  
(636) 394-1983**

**ULSTER PROJECT – ST. LOUIS**

**HOST PARENT APPLICATION - FATHER**  
**TELL US ABOUT YOU**

- A. Complete this application form. Please type or use a ballpoint pen and write clearly.
- B. Please give honest and complete answers. Attach additional sheets as necessary.

FATHER'S NAME: \_\_\_\_\_  
(Last) (First) (Middle Initial)

ADDRESS: \_\_\_\_\_  
(Street) (City, State) (Zip Code)

TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

ARE YOU A PROTESTANT OR A CATHOLIC? (Please circle one)

YOUR CHURCH OR PARISH NAME: \_\_\_\_\_

PLEASE LIST NAMES AND AGES OF CHILDREN IN THE FAMILY (please include step or half children that may be visiting during the month of the Irish teens visit.)

<u>Full Name</u>	<u>Age</u>	<u>School</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ULSTER PROJECT – ST. LOUIS

DOES ANY MEMBER OF YOUR FAMILY SMOKE? (Please circle one) YES NO

DO YOU HAVE ANY PETS? (Please circle one) YES NO

IF YOU ANSWERED YES, PLEASE WRITE THE ANIMAL TYPE AND NAME.

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ARE YOU OR ANYONE CLOSELY RELATED TO YOU A MEMBER OF IRISH EXTREMIST GROUP OF PARA MILITARY FACTIONS?

YES

NO (Please circle one)

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YES

NO (Please circle one)

## ULSTER PROJECT – ST. LOUIS

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HAVE YOU OR ANYONE IN YOUR FAMILY, EVER RECEIVED ANY MEDICAL TREATMENT, PHYSICAL OR PSYCHOLOGICAL FOR REASONS INVOLVING PHYSICAL, EMOTIONAL, OR SEXUAL ABUSE CAUSED BY YOU? IF YES, PLEASE EXPLAIN FULLY.

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### VOLUNTEER HISTORY

Please list your last three volunteer activities, starting with the most recent.

### PERSONAL REFERENCES

Please list the name, address and telephone number of three individuals who are sufficiently familiar with you to provide a character reference.

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(Name) (Address) (Phone Number)

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(Name) (Address) (Phone Number)

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(Name) (Address) (Phone Number)

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(Signature of Mother)

(Date)

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# ULSTER PROJECT – ST. LOUIS

## TEEN HEALTH FORM

Understanding the specific needs of the Ulster Project teens helps us ensure they have a more successful and safe summer. We ensure that all the following information will be kept strictly confidential and is not for dissemination. At no time during the application process will anyone be discriminated against due to the information given below.

NAME: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

### HEALTH HISTORY – PLEASE CIRCLE Yes or No

Asthma	Y/N	Anxiety Disorder	Y/N
Hearing Loss	Y/N	Seizures	Y/N
Attention Deficit Disorder	Y/N	Attention Deficit Hyperactivity	Y/N
Bone/Joint Problems	Y/N	Eye Vision Problems	Y/N
Diabetes	Y/N	Heart Problems	Y/N
Hepatitis A, B or C	Y/N	Human Immunodeficiency	Y/N
Scoliosis	Y/N	Allergies	Y/N
Tuberculosis	Y/N	Blood Disorders	Y/N
Special Diet/Vegetarian	Y/N	Daily Medication	Y/N

If you have answered yes to any of the above, please explain below:

**RETURN THE COMPLETED FORM TO:**

**Donna Bosenbecker  
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Chesterfield, MO 63017  
(636) 394-1983**