

OUT! ...AS I WANT TO BE, INC.
ADVISOR APPLICATION

2/6/07

NAME

ADDRESS

PHONE

EMAIL

REFERENCES

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

LIST YOUR EDUCATIONAL EXPERIENCE

LIST OTHER EXPERIENCE & SKILLS THAT APPLY

PLEASE DESCRIBE WHY YOU WANT TO BECOME AN OUT! ADVISOR

HAVE YOU EVER BEEN CONVICTED FOR ANY CRIME, INCLUDING SEX-RELATED OR CHILD ABUSE
RELATED OFFENSES? _____ YES _____ NO

_____ YES, I CAN COMMIT TO BEING AN OUT! ADVISOR FOR ONE YEAR.

HOW MANY HOURS PER MONTH CAN YOU COMMIT? _____

YOUR ADVISOR COMMITMENT INCLUDES ATTENDING MONTHLY ADVISOR MEETINGS, AN
ADVISOR TRAINING SESSION, AND CPR/FIRST AID TRAINING.

MAIL FORM TO: OUT! ...AS I WANT TO BE, P.O. BOX 1723, ROCKLAND, ME 04841