



24 W Broadway St * Shelbyville, IN 46176
317.604.5893
wherehouse@rupertskids.org

WHEREHOUSE APPLICATION

DATE: _____

LAST NAME: _____ FIRST NAME: _____ M.I. _____

D.O.B. _____ AGE: _____ SOCIAL SECURITY # _____

PHONE NUMBER: _____ RACE: _____ (optional)

ADDRESS: _____

CURRENT CHARGES: _____

PAST CHARGES: _____

PROBATION: _____ PAROLE: _____ HOUSE ARREST: _____

WHO IS YOUR OFFICER: _____

DO YOU HAVE THE ABILITY TO PAY BED FEES (\$140 WEEKLY) _____

RELEASE DATE (IF INCARCERATED) _____

EMERGENCY CONTACT: _____

WHY ARE YOU INTERESTED IN RUPERT'S WHERE HOUSE?

EXPLAIN YOUR PLANS FOR SUCCESS

HOW WILL YOU ACHIEVE THESE GOALS?

ADDITIONAL COMMENTS

BACKGROUND CONSENT

I HEREBY AUTHORIZE RUPERT'S KIDS, INC AND IT'S AGENTS TO MAKE AN INDEPENDENT INVESTIGATION OF MY BACKGROUND, REFERENCES, CHARACTER, PAST EMPLOYMENT, EDUCATION, CRIMINAL OR POLICE RECORDS FOR THE PURPOSE OF CONFIRMING THE INFORMATION CONTAINED ON MY APPLICATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I RELEASE RUPERT'S KIDS INC AND ITS AGENTS AND ANY PERSON OR ENTITY, WHICH PROVIDES ANY INFORMATION PURSUANT TO THIS AUTHORIZATION, FROM ANY LIABILITIES, CLAIMS, OR LAWSUITS IN REGARDS TO THE INFORMATION OBTAINED FROM ANY AND ALL OF THE ABOVE REFERENCE SOURCES USED.

APPLICANT FULL NAME: _____

APPLICANTS SIGNATURE: _____

DRIVERS LICENSE NUMBER: _____

TODAYS DATE: _____