

# Ulster Project

– Madison, IN & Enniskillen, NI –



## Ulster Project Counselor Application

### Contact Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Best way/time to be contacted: \_\_\_\_\_

### Personal Information

D.O.B. (must be at least 21): \_\_\_\_\_

Check One:  Catholic  Protestant

Would you consent to a background check?  Yes  No

### Experience

Education (School attended): \_\_\_\_\_

College Major: \_\_\_\_\_

Work Experience: \_\_\_\_\_

Experience Working with Youth: \_\_\_\_\_

Community Involvement: \_\_\_\_\_

Leadership Experience: \_\_\_\_\_

### References

Type	Name	Phone Number
Work Related		
Personal		
Personal		

**APPLICATION FORMS TO BE RETURNED TO:**  
**PO BOX 422 MADISON, IN 47250**  
**OR EMAILED TO [PRESIDENT@MADISONULSTER.ORG](mailto:PRESIDENT@MADISONULSTER.ORG)**