



930 Interchange Dr. Holland MI 49423 | (616) 836-7949

## **Respite Provider Application**

**Please scan and email your completed application (pages 2-5) to [michaelw@grantmehope.org](mailto:michaelw@grantmehope.org) or mail to:**

Grant Me Hope  
Att: Michael Wilkinson  
930 Interchange Dr.  
Holland, MI 49423

### **What are Grant Me Hope Homes?**

Our homes provide housing, mentoring, educational guidance, discipleship, and life skills training within a Christian environment for foster children who have aged-out of the foster care system. We serve those seeking a successful transition to adulthood.

### **Our homes are for young men and women who:**

- have aged out of foster care
- are seeking an affordable and safe place to live
- are motivated to set goals and work with adult mentors to help achieve their goals
- are interested in living in a family type home

### **At Grant Me Hope, we believe success includes:**

- Obtaining a driver's license
- Gaining steady employment
- Positive interpersonal relationships
- Practicing financial stewardship
- Being active in community service
- Educational assistance
- Being equipped with a life plan
- Stable, independent living
- Exploring a relationship with God
- A home to come back to for support and friendship

# Respite Provider Application



Date \_\_\_\_\_

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

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Briefly describe your personal faith:

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What church do you attend? \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Church address: \_\_\_\_\_ Church Phone: \_\_\_\_\_

How long have you been attending? \_\_\_\_\_

May we contact your Pastor?  Yes  No

Are you comfortable praying with and sharing your faith with our program participants?  Yes  No

Describe any previous experience working directly with youth or young adults:

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Describe any previous experience with foster care or youth in transition:

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Describe any previous experience working with people who've experienced trauma:

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What qualities, skills, or attributes do you feel you have that would benefit the young adults in the Grant Me Hope program?

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What days/times would typically work best for you to provide respite care?

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How much notice would you need to provide a few hours of respite care for our House Parents?

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How much notice would you need to provide overnight respite care for our House Parents?

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Would you potentially ever be available to provide several consecutive days of respite care (i.e. covering a vacation)?  Yes  No

Are you willing to transport residents?  Yes  No

If yes, please answer the following:

- Do you have your own reliable transportation?  Yes  No
- Do you have a valid driver's license?  Yes  No
- Is your vehicle insured?  Yes  No
- Have you had any moving citations in the last 2 years?  Yes  No

If yes, please explain: \_\_\_\_\_

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What is the highest level of education you have completed? (Circle highest level completed)

High School:            9 10 11 12            Diploma            GED  
College Degree:        Associate's            Bachelor's            Master's            Doctorate

Have you ever been convicted of a misdemeanor or felony?  Yes  No

If yes, please describe the reason you were convicted: \_\_\_\_\_

Have you ever been arrested?  Yes  No

If yes, please explain: \_\_\_\_\_

**References:**

Please list the names and contact information of three references, not related to you, that we may contact regarding your personal character and ability to work with the residents in our program.

	#1	#2	#3
<b>Name</b>			
<b>Relationship</b>			
<b>Phone #</b>			
<b>Email</b>			
<b>How long has he/she known you?</b>			



## Authorization for Background Check

Please Print Full Name: \_\_\_\_\_

All other names that have been used (ex: Maiden Name): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Current Address w/City/State/Zip: \_\_\_\_\_

Previous Address w/City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I authorize Grant Me Hope to solicit background information relative to my criminal record history. I understand that Grant Me Hope may make inquiries into my background that may include motor vehicle records, personal references, criminal records, and any other public record reports pertaining to me. I authorize, without any reservation, any person, agency, or other entity contacted by Grant Me Hope, or their agent, for purposes of obtaining background report information to furnish the above-mentioned information.

I release Grant Me Hope, their respective employees, or agents, and employees of their agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information. I am aware that the background check screening report may include information obtained from a variety of sources, including but not limited to government agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Grant Me Hope within a reasonable time after I execute this authorization.

By submitting this application: I understand that if the background check identifies a pending adjudication or conviction, or if as an adult or a juvenile, have been convicted, adjudicated or placed on term of probation or parole for any felony-level crime or offense for any proscribed offense(s), position approval may be withheld or revoked. I acknowledge that I have read the foregoing release, understand it and agree to the terms and conditions therein. I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

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