



Safeguard Non-profit Supplement

Instructions

Please answer all questions. If the answer to any question is NONE, please print NONE. Attach separate sheets of paper as necessary. The application must be signed and dated by the highest ranking clergy or executive. PLEASE CAREFULLY READ STATEMENT AT THE END OF THE APPLICATION BEFORE SIGNING.

General Information

1 Name of Applicant: _____

Applicant details

2 Please complete employee grid below:

	Number employed	Number contracted	Number volunteer	% Male
Doctors/Physician Assistants				
Nurses				
Office staff				
Counsellors				
Other (please describe)				
Totals				

Organization details

3 Please check yes or no in the grid below:

Services	Yes	No
Foster care		
Group homes		
Counselling		
Rehab services		
Shelters		
Adoption services		
Mentoring programs		
Child care services		
Recreation centers		
Detention centers		
Museums/libraries		
Other (please describe)		
Day camps		
Overnight camps		

