



Our Mission Statement

ZOE for Life!® is a Christian ministry which affirms the value of all life by helping women in a confidential manner during and after crisis pregnancies. We are committed to providing care, support and education to empower women to make decisions everyone can live with.

National Office

3352 Mayfield Road
Cleveland Hts., Ohio 44118
440/893-9990

ZOE House

5454 State Road
Parma, Ohio 44134
216/465-9030
Kathleen Kovalak,
Executive Director

ZOE Women's Center™

5454 State Road
Parma, Ohio 44134
216/471-8065

www.zoeforlife.org



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*Bishop of the Eastern American
Diocese of the Serbian
Orthodox Church*

Spiritual Advisor

Fr. Nicholas Mihalay

Thank you for contacting ZOE for life!® We hope the information we enclose will help answer some of your questions.

ZOE for Life!® is a not-for-profit pan-Orthodox Christian initiative. ZOE for Life!® is not a licensed adoption agency, attorney, law firm, private or public licensed adoption agency or social worker. We are a referral service to the Orthodox Christian community. Our mission statement is:

To help women who need emotional and spiritual support during crisis pregnancies; to provide confidential access to existing professional agencies; to connect interested women with potential adoptive Orthodox Christian families.

Enclosed you will find our pamphlet of information, the Adoptive Parents Background Questionnaire, Creating Your Own Resume, and the Assistance and Coordination Agreement. We realize the length of the questionnaire is imposing, however, we are confident that when you weigh its length against the responsibility ZOE for Life!® has undertaken to find good homes for children, you will understand the necessity for the requested information.

If you have not already done so, your first step toward adoption will be to successfully complete a home study. A licensed assessor, according to your particular state guidelines, must conduct this. Your state adoption office is the logical place to begin to locate the appropriate professional. Be specific when outlining your needs: you will either need a home study for a domestic (within the United States) and/or an international adoption.

If you are seeking a domestic adoption, be certain the agency with which you are working is licensed in inter-state adoptions. That will allow the agency to complete an adoption regardless of the state in which your adopted child is born.

If you are interested in pursuing a domestic adoption, ZOE for Life!® requires the following:

- 1) Adoptive Parents Background Questionnaire, printed responses in BLUE ink, with your signatures witnessed by a third party.
- 2) Assistance and Coordination Agreement initialed in BLUE ink where indicated, with your final signatures witnessed by a third party, and accompanied by a check made out to ZOE for Life!® in the amount of fifty dollars (\$50.00).
- 3) Original letter from your home study agent, indicating that you have successfully completed your home study, and when your home study will expire. You do not need to send us a copy of your home study.
- 4) A letter of recommendation from your parish priest.
- 5) Resume with photographs, which will be used as an introduction to birth mothers and/or birth fathers which tells about you, your life together, your hopes for your child, and so on.

Upon receipt and review of all of the above documents, your name will be added to ZOE for Life!®'s Adoptive Parents Registry. You will be given a numerical placement which will be good for two years or until you successfully adopt from ZOE for Life!® or any other source, whichever comes first. It is your responsibility to maintain a current home study in order to keep your numerical placement.

If you are solely interested in an international adoption, you do not need to register with ZOE for Life!®. However, ZOE for Life!® can refer you to some individuals and/or organizations that may be able to assist you.

If you have any questions, please do not hesitate to give us a call. We look forward to hearing from you.

In His love,

Paula M. Kappos
President



ZOE for Life!®

An Orthodox Christian Initiative

3352 Mayfield Road, Cleveland Heights, Ohio 44118

440/893-9990

hotline number 877/436-LIFE

www.zoeforlifeonline.org

ADOPTIVE PARENTS' BACKGROUND QUESTIONNAIRE

Please complete the following questionnaire as thoroughly as possible, using BLUE ink. All information that you give us will be kept confidential except as set forth in the Assistance and Coordination Agreement. If you should require additional space, please attach separate pages as needed.

IDENTIFICATION: Please provide your full legal names:

Husband: _____

Wife: _____

Home Address: _____

Street

City _____ State _____ Zip Code _____ County _____

Home Telephone: (_____) _____

Husband's Cell Phone: (_____) _____

Wife's Cell Phone: (_____) _____

Fax Numbers: (_____) _____ (_____) _____

Emergency Contact: _____

Emergency Contact Telephone Number(s): (_____) _____

Driver's License Numbers: (Include State of Issue)

Husband: _____ Wife: _____

E-mail Address: _____

Business/Employer: (Name, Address, and Telephone)

Husband: _____

Length of Time Employed: _____

Wife: _____

Length of Time Employed: _____

Adoptive Parents' Background Questionnaire

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EMPLOYMENT HISTORY (last 5 years)

Husband:

Previous Employers: _____

Dates of Military Service: _____

Date of Discharge: _____

Wife:

Previous Employers: _____

Dates of Military Service: _____

Date of Discharge: _____

GENERAL DESCRIPTIONS:

Husband:

Date of Birth: _____ Place of Birth: _____

Religion: _____ Do You Practice Your Faith? _____

National Origin: _____ Ethnic Origin: _____

Hair Color: _____ Eye Color: _____

Color of Complexion: _____

Height: _____ Weight: _____

Hobbies, Talents & Interests: _____

Community Service or Activities: _____

Wife:

Date of Birth: _____ Place of Birth: _____

Religion: _____ Do You Practice Your Faith? _____

National Origin: _____ Ethnic Origin: _____

Hair Color: _____ Eye Color: _____

Color of Complexion: _____

Height: _____ Weight: _____

Adoptive Parents' Background Questionnaire

Hobbies, Talents & Interests: _____

Community Service or Activities: _____

MARITAL HISTORY:

Date and Place of This Marriage: _____

Place Marriage License was Acquired: _____

Husband's History:

First Marriage – Date and Place: _____
Date and Place of Termination: _____
First Wife's Full Name: _____

Second Marriage – Date and Place: _____
Date and Place of Termination: _____
Second Wife's Full Name: _____

Wife's History:

First Marriage – Date and Place: _____
Date and Place of Termination: _____
First Husband's Full Name: _____

Second Marriage – Date and Place: _____
Date and Place of Termination: _____
Second Husband's Full Name: _____

EDUCATION:

Husband:

Highest Level Attained: _____
Name and Location of School: _____
Year Graduated: _____ Degrees and Dates Acquired: _____

Wife:

Highest Level Attained: _____
Name and Location of School: _____
Year Graduated: _____ Degrees and Dates Acquired: _____

CHILDREN:

Please list the children in your family and indicate with an asterisk (*) if the child is adopted:

Name of Child: _____ Age: _____ Birth Date: _____
Name of Child: _____ Age: _____ Birth Date: _____
Name of Child: _____ Age: _____ Birth Date: _____
Name of Child: _____ Age: _____ Birth Date: _____

Children of Previous Marriages (Husband):

Name of Prior Spouse: _____ Number of Children: _____
With whom does child(ren) live now?: _____

Name of Prior Spouse: _____ Number of Children: _____
With whom does child(ren) live now?: _____

Children of Previous Marriages (Wife):

Name of Prior Spouse: _____ Number of Children: _____
With whom does child(ren) live now?: _____

Name of Prior Spouse: _____ Number of Children: _____
With whom does child(ren) live now?: _____

FAMILY BACKGROUND (Husband):

Name of Parents: _____
Address of Parents: _____

If one or both of your parents are deceased, please indicate their age(s) at death and cause(s) of death:

Parents' Birth Dates and Ages: _____
Parents' General Health: _____
Parents' Occupations: _____
Number of Siblings: _____ Nieces and Nephews: _____
Siblings' Birth Dates and Ages: _____

If any of your siblings are deceased, please indicate their age at death and cause of death: _____

Siblings' Addresses: (City and State): _____

Please briefly describe your relationship with your extended family, including the amount of contact you have with them:

Please describe how your extended family feels about your plans to adopt a child: _____

FAMILY BACKGROUND (Wife):

Name of Parents: _____
Address of Parents: _____

If one or both of your parents are deceased, please indicate their age(s) at death and cause(s) of death:

Parents' Birth Dates and Ages: _____
Parents' General Health: _____

Parents' Occupations: _____

Number of Siblings: _____ Nieces and Nephews: _____

Siblings' Birth Dates and Ages: _____

If any of your siblings are deceased, please indicate their age at death and cause of death: _____

Siblings' Addresses: (City and State): _____

Please briefly describe your relationship with your extended family, including the amount of contact you have with them:

Please describe how your extended family feels about your plans to adopt a child: _____

ADDITIONAL PERSONAL HISTORY:

Please explain all "YES" answers on a separate sheet of paper and attach to this questionnaire.

Have You Ever:

Been In Bankruptcy?	Husband: _____	Wife: _____
Been Under Psychiatric Care?	Husband: _____	Wife: _____
Had Psychotherapy?	Husband: _____	Wife: _____
Been Arrested?	Husband: _____	Wife: _____
Received Discharge Other Than Honorable from Military Service?	Husband: _____	Wife: _____
Been Turned Down by an Adoption Agency?	Husband: _____	Wife: _____
Placed a Child for Adoption?	Husband: _____	Wife: _____
Filed for Divorce, Dissolution, or Annulment of THIS marriage?	Husband: _____	Wife: _____
Been Past Due On Any Court Ordered Installment of Child Support?	Husband: _____	Wife: _____

Please Describe any Medical Problems You Have:

Husband: _____

Wife: _____

CONCERNING THE ADOPTION: The following questions will assist ZOE for Life![®] in matching your wishes with those of the birth mother.

The Child:

Do You Have an Age Preference Concerning the Child? Yes _____ No _____

If Yes, Please Explain: _____

Up to What Age Child Are You Willing to Accept? _____

Do You Have a Sexual Preference Concerning the Child? Yes _____ No _____

Adoptive Parents' Background Questionnaire

If Yes, Please Explain: _____

Are You Willing to Accept Twins or Triplets? Yes _____ No _____

If Yes, Please Explain: _____

Are You Willing to Accept Siblings? Yes _____ No _____

If Yes, Please Explain: _____

Are You Willing to Accept a Child of a Different Race? Yes _____ No _____

If Yes, Please Explain: _____

Would You Accept a Child (Children) Who is All or Part:

Black? _____

Hispanic? _____

Asian? _____

Other? _____

Would You Accept a Child With a Physical Disability? Yes _____ No _____

If Yes, Please Explain: _____

Are You Willing to Accept a Child With a Mental Disability? Yes _____ No _____

If Yes, Please Explain: _____

Are You Willing to Accept a Child With an Emotional and/or Behavioral Disability? Yes _____ No _____

If Yes, Please Explain: _____

Are you willing to accept a child "at-risk?" An "at-risk" child is one who, while currently healthy, is at risk of developing learning, emotional, behavioral, or physical disabilities in the future. Babies exposed to drugs, abuse, neglect, and those with genetic pre-dispositions to mental illness and physical disabilities are called "at-risk." **Please Note: ZOE for Life® will probably not know if a child is "at-risk." Accurate information will depend on the knowledge and veracity of the birth mother and/or her family.**

Yes _____ No _____

If Yes, Please Explain: _____

What Characteristics Would You Ideally Like Your Child to Have? (i.e., Personality, Appearance, Sex, Race, etc.):

BIRTH MOTHERS:

Do You Have Any Preference Regarding the Age of the Birth Mother? Yes _____ No _____

If Yes, Please Explain: _____

Do You Have Any Preference Regarding the Geographic Location of the Birth Mother? Yes _____ No _____

If Yes, Please Explain: _____

Do You Have Any Other Preferences Regarding the Birth Mother? Yes _____ No _____

Adoptive Parents' Background Questionnaire

If Yes, Please Explain: _____

OPENNESS:

There are various types of adoptions including open, confidential, or closed or semi-open/mediated adoptions. The amount of information, if any, which is shared between you and the birth mother varies with each type of adoption. We understand that your feelings may change over time.

Do You Want to Know the Full Name of the Birth Mother? Yes _____ No _____

Do You Want the Birth Mother to Know Your Full Legal Names? Yes _____ No _____

Do You Want to Know Where the Birth Mother Lives? Yes _____ No _____

Do You Want the Birth Mother to Know Where You Live? Yes _____ No _____

Do You Want to Meet the Birth Mother Prior to the Adoption? Yes _____ No _____

If Yes, Do You Want to Speak With Her Over the Telephone? Yes _____ No _____

If Yes, Do You Want to Meet With Her in Person? Yes _____ No _____

Are you willing to meet the birth mother prior to the adoption? **Please Note that if you mark "no" ZOE will not refer you to a birth mother that wants to meet the adoptive parents.** Yes _____ No _____

If Yes, Would You Speak With Her Over the Telephone? Yes _____ No _____

If Yes, Would You Meet With Her in Person? Yes _____ No _____

Describe the kind of relationship you would like your child and the birth mother to have after the child is placed with you:

Would you be willing to talk to the birth mother after the child is placed in your home and/or after the adoption, if it were in the best interests of your child? Yes _____ No _____

Please Explain: _____

Please Describe Briefly Your Reasons for Wanting to Adopt:

Please Describe How You Think Your Lives Will Change After the Adoption:

Why Do You Think Birth Parents Select Adoption for Their Children?

Are There Any Specific Birth Parent Traits or Characteristics That Would be Difficult for You to Accept in the Background of the Child? _____ If So, Please Describe: _____

INFORMATION ABOUT YOUR LIVES IN GENERAL:

Please Describe Your Home and Neighborhood: _____

What is a Typical Weekday and Weekend Like in Your Home? _____

What Do You Enjoy Doing Together and Individually? _____

What Qualities Attracted You to Your Spouse? _____

How Do You Resolve Major Decisions, Such as the Purchase of a Car, House, or Planning a Vacation? _____

Please Briefly Describe Your Childhood and Your Relationship With Your Parents and Siblings While Growing Up: _____

Describe Any Experience You Have Had With Children: _____

If You Have Children Who Do Not Reside With You, Please Describe the Circumstances of This: _____

What Are Your Thoughts on Disciplining Children? _____

What Are Your Thoughts on Children's Education? _____

Is There Any Other Information You Would Like Us To Know? _____

WE AFFIRM THAT, TO THE BEST OF OUR KNOWLEDGE AND RECOLLECTION, THE ABOVE INFORMATION IS COMPLETE, TRUE, AND CORRECT.

Husband's Name (Please Print)

Husband's Signature

Wife's Name (Please Print)

Wife's Signature

Date

Signature of Witness



ZOE for Life!®

An Orthodox Christian Initiative

3352 Mayfield Road, Cleveland Heights, Ohio 44118

440/893-9990

hotline number 877/436-LIFE

www.zoeforlifeonline.org

ASSISTANCE AND COORDINATION AGREEMENT

(Please initial each section in BLUE ink as indicated)

Thank you for choosing ZOE for Life!® to assist in your adoption needs. This document will set forth our agreement with respect to ZOE for Life!®'s services, costs, and mutual obligations.

HUSBAND'S FULL LEGAL NAME (please print): _____

WIFE'S FULL LEGAL NAME (please print): _____

ZOE for Life!® is not a licensed public or private adoption agency, an adoption child serving agency, attorney, law firm, public children services agency, private child placing agency, private non custodial agency, social worker, psychotherapist, investigator or counselor. It is engaged solely in the business of assisting women in crisis pregnancies and assisting the Orthodox Christian community in coordinating adoption efforts.

Therefore, please be advised that, for separate and additional fees unrelated to ZOE for Life!®'s involvement, you will need to seek services of a licensed adoption agency and/or a competent adoption attorney for legal advice as to the proper procedures required for the adoption of children under the laws of the State of Ohio and/or the state where you reside. ZOE for Life!® has no way of knowing what your total cost for an adoption may be.

It is not the responsibility of ZOE for Life!® nor will ZOE for Life!® advise you in the laws or procedures of adoption in your state, nor any other state, nor engage in the unlicensed practice of law in the field of adoption. You are advised to rely solely on competent and professional legal advice if you wish to proceed with adoption.

Initials required: _____

PURPOSE: ZOE for Life!® will work in conjunction with your attorney and/or agency, if applicable, and with you, with respect to any and all decisions affecting your case. ZOE for Life!® does not make decisions for you or for the birth parents, nor does ZOE for Life!® act in any other capacity other than to assist you in coordinating your adoption efforts.

Initials required: _____

Assistance and Coordination Agreement

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CANCELLATION OF AGREEMENT: For a period of seventy-two (72) hours after signing this Agreement, you, as a party to this Agreement, or ZOE for Life® may revoke this Agreement.. You may request the return of any fees paid to ZOE for Life!® without penalty, except for any reasonable fees actually expended by ZOE for Life!®, and which are supported by written records and documentation.

Initials required: _____

TRANSFER OF AGREEMENT: This Agreement may not be transferred or sold.

TRUTH IN INFORMATION: ZOE for Life!® may be able to assist you in obtaining information from the birth mother concerning, but not limited to, medical and social history, use of drugs, cigarettes and alcohol, before and during pregnancy, and identify medical and social history and the whereabouts of alleged and presumed birth father(s). However, ZOE for Life!® does not perform investigative services and cannot corroborate and or warrant the veracity and/or truth of any information received.

Initials required: _____

WAIVER OF CONFIDENTIALITY: It is expressly understood that any information provided by any party is confidential, and this Waiver of Confidentiality only applies to the parties to this Agreement, ZOE for Life!® Board Members, ZOE for Life!® staff and ZOE for Life!®'s Attorney.

Initials required: _____

AUTHORIZATIONS:

Notwithstanding and in addition to this “Waiver of Confidentiality,” by signing this Agreement (AND BY INITIALING THIS SECTION), you hereby authorize ZOE for Life!® to discuss your case with your attorney and/or agency, or other representatives acting on your behalf, to discuss your case with ZOE for Life!®. The adoption process involves the coordination effort of many professionals, and it is your sole responsibility to comply with the laws of your state. You agree that ZOE for Life!® has full permission to freely discuss all aspects of your adoption with all of the professionals involved in the adoption procedures. This includes, but is not limited to, freely exchanging information with adoption attorneys and/or agencies, physicians, childbirth educators, the nursing staff at the hospital and state social workers.

Initials required: _____

Additionally, ZOE for Life!® and its Board Members, Staff and Attorney are permitted to provide the information in your Resume and your ages, state of residence and occupations from your Adoptive Parents’ Background Questionnaire, to any prospective birth mother and/or birth father who may consider you as potential adoptive parent(s) for her child, or to any parent or other professional representative, acting on her behalf your on your behalf.

Initials required: _____

DURATION: The duration of the Agreement is two (2) years from the date of this Adoption Assistance and Coordination Agreement, or such other time that we are instructed by you, in writing, that you are no longer in need of our services, whichever comes first. A child in your home for the purpose of adoption, obtained through our sources or a source other than ZOE for Life!®'s shall constitute a successful adoption plan and must be reported to ZOE for Life!® within forty-eight (48) hours of birth and/or arrival of said child. This Agreement is considered terminated at that time.

Initials required: _____

NO GUARANTEE: ZOE for Life![®] has no control and/or liability as to whether or not you satisfy the legal requirements for a successful adoption in your state and you acknowledge that ZOE for Life![®] has made no statements, promises or guarantees to the contrary.

Initials required: _____

BEST EFFORTS: Unfortunately, your efforts to adopt can sometimes result in failure. This Agreement acknowledges that each of us agree that there are significant risks; including the possibility that either of the birth parents can change their minds, either before or after the birth of the baby, or, before or after the consent of relinquishment papers are signed. However, all parties hereby agree to use their best efforts to effectuate and expedite the purpose of this Agreement within its two (2) year duration.

Initials required: _____

UPDATE INFORMATION: It is your responsibility to keep ZOE for Life![®] advised at all times of your current phone number(s) and address, as well as your availability to accept telephone calls. Further, it is your responsibility to advise ZOE for Life![®] of any relevant information that may affect our ability to contact you, such as vacation plans, etc. In addition, you agree to have a Home Study by a state licensed agency and/or any other relevant legal procedures completed in a timely fashion.

Initials required: _____

BINDING ARBITRATION: The parties agree that if a dispute arises out of the performance of the services rendered under the Agreement, the matter will be submitted to binding arbitration in the State of Ohio. The parties agree to the mutual selection of an arbitrator. If agreement cannot be reached, the dispute will be submitted to the American Arbitration Association and will be arbitrated in accordance with the rules of the American Arbitration Association. The parties to this Agreement agree to settle all disputes through binding arbitration, waiving all rights to pursue court action.

Initials required: _____

ACKNOWLEDGEMENT: You agree that you have been fully informed and fully understand that ZOE for Life![®] has not presented itself as, and is not a private or public licensed adoption agency, a public children services agency, a private child placing agency, a private non custodial agency, an adoption child serving agency, a licensed psychotherapist or counselor, an attorney, a law firm, an adoption service provider, an investigator, or a social worker. ZOE for Life![®] is not licensed to provide legal or therapeutic services and does not offer or provide services in these or other capacities described in this paragraph.

Initials required: _____

FULL UNDERSTANDING AND AGREEMENT: The parties fully understand all of the terms herein set forth, and have read this Agreement. Accordingly, each party voluntarily executes this Agreement and affixes his/her signature in the presence of the witnesses indicated below. Each party acknowledges that the terms contained herein represent and constitute the entire understanding between them.

Initials required: _____

MODIFICATION BY PARTIES: This Agreement shall not be altered or modified unless it be done in writing signed by both parties.

Initials required: _____

MERGER: It is specifically agreed that this Agreement constitutes the entire understanding between the parties and is intended as a complete statement of all rights and obligations between them. All prior oral agreements are void.

Initials required: _____

SEVERABILITY: If any provision or clause of this Agreement is held invalid, such invalidity shall not affect other provisions of this Agreement which can be given effect without the invalid provisions, and to this end, the provisions of this Agreement are declared to be severable.

Initials required: _____

IN WITNESS WHEREOF, the parties affix below their signatures:

Signed in the Presence of:

First Witness' Signature Date

Second Witness' Signature Date

First Witness' Signature Date

Second Witness' Signature Date

Your Signature

Date

Spouse's Signature

Date

ZOG'ht'Nkg# 'by

Date

CREATING YOUR PHOTO RESUME

Here are some thoughts and suggestions regarding the creating of your photo resume.

RESUME

Your resume is of immeasurable importance, because it is typically your first contact with the birth mother. You will naturally want to make a good impression on her and present yourselves well. The time, care and effort you invest in your resume will come across in your resume. Birth mothers convey that resumes that are concise, well thought out, organized and yet warm and welcoming demonstrate the care and deep desire of a couple wishing to adopt.

SUGGESTIONS

Use colored paper, warm colors or earth tones are best.

Address your resume, 'Hi!' or 'Hello'.

Don't date your resume.

When you introduce yourselves, use your real FIRST names only.

Talk about why you wish to adopt and what it means to you.

If you already have a child or children, discuss why it is important for you to adopt another child. If one of you is or plans to be a full time parent, be sure to mention that.

Talk openly about your feelings, your home, neighborhood, and pets; share your educational background and your wishes for the child's education. The birth mother needs to know your views on education, as education is very often of major importance to her. Mention the state in which you live and the benefits of your home town. Make sure you include your hobbies and how you spend your leisure time. Help her to envision her child enjoying your life with you. Birth mothers naturally want their child to have the best life possible. Show her why placing her child in your home would be the best possible choice.

Bishops in the Americas

If you have been married or together for a long time, let the birth mother know. If you own your home, briefly mention that. Stability is important to birth mothers.

If you already have a child or children, discuss why it is important for you to adopt another child. If one of you is or plans to be a full time parent, be sure to mention that.

The photograph you provide is the single most important ingredient of your photo resume. From it, the birth mother will see that special something that attracts her to you as parents. If you have children and pets, by all means, include them. Most importantly, **SMILE!**

Intersperse additional pictures throughout the resume. You may want to include pictures of your home, area parks, the local school, friends and relatives, and special activities you enjoy, (like vacations, special outings, etc.). Captions or notes on each picture make them personal, and help explain the photos. Any personal touch or creativity helps!

PLEASE MAKE SIX COPIES OF YOUR RESUME FOR US!

At the end ZOE for Life![®] resume, you should list your names and **sign it personally!** Include a reference to ZOE for Life![®], as if you are interested in speaking with us, please contact ZOE for Life![®] at...) **It is not recommended that you put your personal phone numbers on your resume, as a protection to you.** If you need additional assistance, or want to discuss your ideas further, feel free to call and talk with us about your resume.

PLEASE SEND US FIVE COPIES!