

**FAMILY COACH / FAMILY FRIEND Application**

**Volunteers should complete this application when they will not be hosting children but plan to volunteer as a Family Coach, be matched as a Family Friend, or will transport children or babysit for birth parents.**

***(Please save this application to your computer and complete it electronically; avoid hand-writing if possible. Thank you!)***

**NAME:** **DATE:**

**HOME ADDRESS**:

Street

           

City State Zip Code

**IMPLEMENTING AGENCY: Bethany Christian Services**

**APPROVING WORKER:** **PHONE:**

|  |
| --- |
| LAST NAME: FIRST NAME: MI: |
| Birth: *(Date) (Place)* |
| Foster Care Provider ID/License (if applicable)#: |
| Race/Ethnicity/Nationality: |
| Languages Spoken:         *(Primary) (Secondary)* |
| Work Home Phone: |
| Cell Phone: |
| E-Mail Address: |

**TRANSPORTATION**

Will household vehicles be used to transport children? Yes No

Any child you transport must have appropriate child safety seat.

**MOTIVATION:** (Why would you like to volunteer and what would you like to do? Babysit, transport children, mentor a parent, volunteer as a family coach, run a group meeting, provide resources to other families who are hosting children?)

**VOLUNTEER EXPERIENCE**

|  |  |  |
| --- | --- | --- |
| **Place** | **Time** | **Volunteer Type** |
|  |  |  |
|  |  |  |
|  |  |  |

How many hours are you willing/able to commit to volunteering?

Are you willing to volunteer for at least one year?  Yes  No

**EDUCATION**

Highest grade in primary and high school completed\_\_\_\_ Diploma GED College Grad SchoolTerminal Degree

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name/Location** | **Dates Attended** | **Degree** |
| High School |  |  |  |
| College |  |  |  |
| Graduate |  |  |  |
| Doctoral |  |  |  |

**VALUES AND BELIEFS OF YOUR FAMILY:** (what is important to/in your family?)

**CULTURAL EXPERIENCES AND VALUES:** (any cross-cultural experiences, discrimination, and prejudice during childhood and adulthood)

**RELIGION/SPIRITUAL BELIEFS:**

In which of the following does your family participate? Regular church attendance Name/Location of church:

Home Bible Study Awanas Service/Mission Activities Sunday School   
Mid-week Service Other

**EMPLOYMENT**

Current Employer:      Location:

Title/Responsibilities:      Dates Employed:

**OTHER ISSUES**

Have you ever been convicted of child abuse/neglect? Yes No

Have you ever been arrested? Yes No

Have you been convicted of a felony? Yes No

Have you ever been involved in a domestic violence incident? Yes No

Have you ever had mental health problems? Yes No

Do you have health problems that impact your volunteering role? Yes No

Do you smoke? Yes No

**REFERENCES:**

|  |  |  |
| --- | --- | --- |
| **Name** | **E-Mail** | **Phone/Cell #** |
| **Pastoral:** |  |  |
| **Other:** |  |  |
| **Other:** |  |  |