

Sherwood & Myrtie

Foster's Home *for Children*



Thank you for taking the time to fill out one of the following applications and being willing to be a part of the Sanctuary Community at Foster's Home for Children. By doing this, you recognize our purpose in the community which is to heal the wounds of troubled children and families. We appreciate you wanting to join us in our mission for children:

- To provide a **S**afe environment to grow
- To provide an avenue for **E**motional management
- To provide a way to mourn the **L**oss of significant events and people
- To provide a solution focused **F**uture

Please include a copy of your Driver's License and a copy of your Social Security Card as both are required to complete the Texas Department of Family and Protective Services Criminal History Check.

We use this application for a variety of reasons: employment, sponsorship, volunteer opportunities, etc.

If you have any questions, please do not hesitate to contact Doug Young, doug.young@fostershome.org, or 254-968-2143 ext. 246.

Foster's Home for Children

Applicant Information

DATE: _____

First Name: _____ Middle Name: _____ Last Name: _____

Other Names Used: (Married, Maiden, Etc.) _____

Date of Birth: _____ Social Security Number: _____

Age ____ Sex ____

The following are required for the Texas DFPS Criminal History Check:

United States Citizen: Yes No

Ethnicity: Hispanic Not Hispanic

Race: American Indian/Native Alaskan Asian Black

 Native Hawaiian/Pacific Islander White Other

Driver's License Number and Type: _____

Phone Numbers: Home: _____ Cell: _____

Email address: _____

Current Address (please include the county):

Permanent Address (please include the county):

List RESIDENCE address for the last 5 years: (Have you live out of state in the last 5 years? Yes No)

List all other cities in TEXAS where you have had residency since you were 14 years old:

Foster's Home for Children

Do you have existing health problems? Yes No; If yes, please describe:

Have you had a TB skin test within the last 12 months? Yes No; If yes, date of test: _____

Do you have children? Yes No; If yes, list ages: _____

Do you or your spouse use tobacco and/or alcohol? _____

Have you or your spouse ever been convicted of a felony or a misdemeanor? Yes No; Explain:

Religious Affiliation: _____

Name and Address of Congregation presently attending:

How did you hear about Foster's Home for Children?

Education History:

Type of School	Name of School	Location	Major/Degree	Did you Graduate? Year?
High School				
College/ University				
Other				

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Work History:

Please list your work experience for the past 5 years, beginning with your most recent job held. Please give full names and addresses of employers and dates worked with each. Give full explanation of unemployment or self-employment. Attach additional sheets if necessary.

Employer Name	Address	Position/Job Duties	Reason for Leaving	Dates Worked

Give the names, addresses, and phone numbers of three personal references (other than relatives) acquainted with your reputation in the community in which you have resided for at least 5 years. These should correspond with the reference letters accompanying your application.

Name	Address	Telephone Number	Email Address

I certify that the answers to the questions in this application are true and correct to the best of my knowledge and recollection and that I may be terminated at any time, with or without cause, at the sole discretion and option of the agency.

Signature of Applicant

Date

If you are applying for sponsorship or volunteer work, please continue on to page 5.

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Sponsorship Information

Spouse's Information:

First Name: _____ Middle Name: _____ Last Name: _____

Other Names Used: (Married, Maiden, Etc.) _____

Date of Birth: _____ Social Security Number: _____

Age _____ Sex _____

The following are required for the Texas DFPS Criminal History Check:

United States Citizen: Yes No

Ethnicity: Hispanic Not Hispanic

Race: American Indian/Native Alaskan Asian Black

 Native Hawaiian/Pacific Islander White Other

Driver's License Number and Type: _____

Phone Numbers: Home: _____ Cell: _____

How many children live in the home? _____ What are their ages? _____

Specifics of a child you would like to sponsor;

Sex: _____

Age: _____

Race Desired: _____

What is your occupation? _____

Work Hours: _____

What is your spouse's occupation? _____

Work Hours: _____

Type of Sponsorship desired: Clothing Vacation Weekend Other

Comments: _____

How did you hear about the Sponsor Program? _____

Statement by Sponsor Applicant: I have read and understand the Guidelines for Sponsor Services (Attachment B) from Foster's Home for Children and agree to abide by them.

Signature of Applicant(s)

Date

Vice President of Children's Services

Date

Foster's Home for Children

Volunteer Information

Have you worked previously as a volunteer? Yes No

If so, in what capacity?

Please check the type(s) of volunteer work you would be interested in?

Tutoring

Maintenance

Office

Other

Name of your organization (if applicable): _____

What age of child would you prefer to work with? _____

Would you rather work with a male or female child? _____

Statement of Volunteer Applicant: I have read and understand the Guidelines for Volunteer Services (Attachment B) regarding volunteer services to the youth from Foster's Home for Children.

Signature of Applicant

Date

Vice President of Children's Services

Date

Attachment A
Two Pages
Guidelines for Sponsor Services

LOSS & FUTURE

Sherwood & Myrtie Foster's Home for Children is excited about your family's interest in providing a sponsor home for children living on our campus. We are always looking for dedicated Christian families who will share their homes and love with a child. Sponsors can sometimes develop very unique and beneficial relationships with children who do not have family involvement of their own. Many of our children develop very special relationships with these "sponsor families" that last many years.

SAFETY

Foster's Home for children is licensed as a child caring institution by the State of Texas. As a part of this license, we are required to ensure, at all times, that certain standards be met regarding the program we provide for our children. Because of this, we want to make prospective sponsor families aware of certain policies that we must follow when we allow children to visit sponsor families. Please review this carefully and make every effort to see that these policies are complied with. Your cooperation with these will insure the safety of our children and protect you from any responsibility for negligence.

1. All firearms, explosive materials, and projectiles such as darts, arrows, and BB's should be out of the access of all youth under the age of 18. These items may be used by youth only when supervised by an adult.
2. All medications should be stored out of the reach of the youth. Prescriptions should be under lock or stored safely in the sponsoring adults' bedroom. Dispensing medication should be carefully supervised by the sponsoring adult and recorded on provided forms.
3. Youth should not be allowed to make overnight plans away from the sponsor family unless permission is received from the youth's consultant.
4. No youth over the age of 6 should share a bedroom with a person of the opposite sex.
5. Emergencies or serious incidents should be reported immediately to the youth's case manager, caregivers, or an administrator. The emergency number for Foster's Home for Children is 254-459-9664; then use 911.
6. When a youth is placed with you, a medical release form will be provided for permission to receive medical services or illnesses or emergencies. This should be kept available at all times.
7. No youth's picture may be used in any news media without permission in writing from the Vice President of Children's Services or the youth's case manager.
8. Decisions regarding activities such as dating or outings must be discussed with the youth's caregivers or case manager. They can best share information with you regarding the appropriateness of the youth being given these freedoms.
9. Under no circumstances will alcohol, drugs, tobacco, or pornography be accessible to the youth.
10. Youth must never be left alone without adult supervision while in your care.
11. It is a volunteer/sponsor's legal responsibility to report abuse or neglect to the President/CEO of the Vice President of Children's Services.
12. All volunteers/sponsors understand that youth visits are based upon privileges. If youth are without privileges they will not go on sponsor visits. This may happen the day of the visit. Sponsor visits are a privilege and may need to be taken away based on the behavior of the youth that day.

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13. All sponsors must call by 12:00 PM on Wednesday for weekend visits. Sponsors must call two days in advance for summer visits during the week.

14. All sponsors must obtain confidentiality of youth's situations.

15. All sponsors are asked to complete the evaluation form with is attached to your Medical Release forms, which will help us better evaluate how the children and our sponsor program are doing.

EMOTIONAL RESPONSIBILITY

STATEMENT BY SPONSOR: I have read and understand the rules regarding sponsoring of children from the Foster's Home for Children and agree to abide by it.

Signature of Applicant(s)

Date

Vice President of Children's Services

Date

Foster's Home for Children

Attachment B Guidelines for Volunteer Services

Working with children as a volunteer is a rewarding job. With the work goes much responsibility. Based on Foster's Home's Sanctuary Model, and using the S.E.L.F. concept as our guide, the following requirements must be adhered to, to help guarantee our children's Safety and wellbeing.

LOSS & FUTURE

1. A Volunteer must be willing to make a commitment. A commitment in the best interest of the youth includes following Foster's Home policies, adhering to the rules listed below and carrying through on promises and plans made with a youth. The youth at Foster's Home need to be able to count on the adults who work with them. They desperately need the stability and consistency that this provides.

SAFETY

2. A volunteer must work closely with the youth's caregivers or case manager. This means getting to know the caregivers/case manager, checking out possible plans in advance, etc. The caregivers/case managers know the youth best and their decision is to be adhered to.

EMOTIONAL RESPONSIBILITY

3. A volunteer must serve as a good example. This means using proper language and conduct in all situations. Please wear proper clothing at all times. This includes clothing that advertises inappropriate behaviors, drug related products, or inappropriate music. And please do not expose the children to music, games, or movies with inappropriate language. This will include closely monitoring all electronic devices.
4. A criminal history background check is required.
5. Foster's Home is Tobacco Free.
6. Three references are required, turned in by the volunteer.
7. The following rules are to be adhered to:
 - a. There will be no profanity used in the youth's presence.
 - b. There will be no use of alcohol or drugs or placing a youth in a situation where there is possible use of alcohol or drugs
 - c. There will be one-on-one supervision at all times.
 - d. A youth in placement may not have access to or use firearms, or have any type of weapon in his or her possession.
 - e. Emergencies or serious incidents should be reported immediately to the youth's case manager, caregivers, or administrator.
 - f. A youth is not to be taken off-campus without prior approval through the volunteer program. A youth is not to be taken into dorm rooms or other isolated places, but rather to more open and public places.
 - g. No youth's picture may be used in any news media without permission in writing from the Vice President of Children's Services or the youth's supervisor.
8. All volunteers will provide a copy of a current TB test.

STATEMENT BY VOLUNTEER: I have read and agree to abide by the above guidelines regarding Volunteer Services to the youth at Foster's Home for Children.

Signature of Applicant

Date

Vice President of Children's Services

Date

c: Volunteer Applicant

“Providing sanctuary and healing to children of trauma.”

Reference Statement

Please offer any appropriate comments concerning your impressions of this individual's personal or professional qualities relative to the above mentioned position. Thank you for your assistance. You may be assured that all information you gives us will remain confidential.

1. How long have you known this individual? _____

2. What is your relationship with this individual? _____

3. Please comment on this individual's maturity and stability: _____

4. Describe this individual's character and temperament: _____

5. What are some of this individual's strengths? _____

6. What are some of this individual's growth areas? _____

7. Does this individual have experience working with children? _____

8. Do you know of any instability in this person, such as unusual tension or irritability, gambling, drinking, use of narcotics, history of poor mental health, mental illness, and the like? _____

9. Please add any additional comments you care to make: _____

Signature

Date

Printed Name

Reference Statement

Please offer any appropriate comments concerning your impressions of this individual's personal or professional qualities relative to the above mentioned position. Thank you for your assistance. You may be assured that all information you gives us will remain confidential.

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7. Does this individual have experience working with children? _____

8. Do you know of any instability in this person, such as unusual tension or irritability, gambling, drinking, use of narcotics, history of poor mental health, mental illness, and the like? _____

9. Please add any additional comments you care to make: _____

Signature

Date

Printed Name

Reference Statement

Please offer any appropriate comments concerning your impressions of this individual's personal or professional qualities relative to the above mentioned position. Thank you for your assistance. You may be assured that all information you gives us will remain confidential.

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6. What are some of this individual's growth areas? _____

7. Does this individual have experience working with children? _____

8. Do you know of any instability in this person, such as unusual tension or irritability, gambling, drinking, use of narcotics, history of poor mental health, mental illness, and the like? _____

9. Please add any additional comments you care to make: _____

Signature

Date

Printed Name