

Date Received: _____ Training #: _____ Group Assigned: _____ Anniv. Date: _____

Child Safety Application Form for Volunteers & Staff of The WARM Place

Confidential

This application is to be completed by applicants for any position (volunteer or employment) involving the supervision of children. The purpose of this form is to assist in the creation of a safe environment for children who participate in the programs of The WARM Place or use The WARM Place facilities.

(PLEASE PRINT CLEARLY)

Date: _____ Name: _____

Physical Address: _____
_____ County: _____

Mailing Address _____
(If different)

Phone: _____ Cell: _____

Email: _____ Ethnic Origin: _____

Drivers License # _____ State _____ Social Security # _____

Place of Employment: _____ Job title: _____

Sex: **M** **F** (Circle One) Birth Date: _____

Marital Status: _____ (single, married, separated, widowed, etc)

How long have you been at your current address? _____

Previous address:

Do you have any military affiliation? If so, what branch? _____

How did you hear about us?

Please list *current or previous work* involving children, students, or vulnerable populations (impaired adults, special needs individuals, etc.) (Please list each organization/entity's name, address, type of work carried out, dates, & a contact person familiar with your work there.

List any talents, vocations, preparation, or training which have equipped you to work with children, students or vulnerable populations:

Please provide three (3) references including; one **family member**, one **personal** (non-family member) reference, and one **professional**. One of your references must include a member of the **opposite sex**. *(Please notify your references that an authorized staff person from The WARM Place will be contacting them)*

Family Member: Name: _____ Address: _____

Relationship: _____ Phone: _____

Personal: Name: _____ Address: _____

Relationship: _____ Phone: _____

Professional: Name: _____ Address: _____

Relationship: _____ Phone: _____

The WARM Place desires to protect all children in our programs. We understand that the questions below are deeply personal, and we will safeguard your private information.

Why do you want to work with children at The WARM Place?

Do you have a preference concerning the age group or sex of children with whom you would like to work? Why?

What is your philosophy concerning re-direction or discipline of children?

How do you react when you are unhappy, angry or emotional about a person or circumstance?

Have you experienced any significant physical or emotional stresses within the past year, such as the loss of a closed loved one, extreme ill health or any emotional or physical crisis? If so, please explain. _____

Have you had a major death loss within your lifetime? _____

Whom did you lose? _____ At what age did the loss occur?

Have you ever been treated for any psychiatric illness, alcohol or drug abuse? _____

If yes, please explain (a history of treatment would not necessarily disqualify you from volunteer opportunities.) _____

Have you ever been charged with, pleaded guilty to, or been convicted of a criminal offense, including sexual related or child abuse related offense (excluding minor traffic violations)? _____

If yes, explain. _____

Availability for Volunteer Work (Please indicate with an X)

	Monday	Tuesday	Wednesday	Thursday
Evenings (5:30-9:30 pm)				

Houseparent: _____ **Support Group Facilitator:** _____

RELEASE

I authorize The WARM Place, Fort Worth to contact all individuals, organizations and references listed on this **Child Safety Application Form** in order to verify the information I have provided. I agree to release from liability any person or organization that provides information concerning me, including those persons I have listed as references, as well as contact persons from my previous work with children, listed on this application.

I specifically authorize The WARM Place, Fort Worth to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization indentified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete and correct in all respects.

Signature: _____

Date: _____