

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

Child Safety Application Form for Volunteers and Staff

Confidential

This application is to be completed by applicants for any position (volunteer or employment) involving the supervision of children. This is not an employment application. 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 # _____

Job title: _____ Place of Employment: _____

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:

_____ ZIP _____

Please list *current or previous work* involving children, students or vulnerable populations (impaired adults, special needs individuals, etc.) (List each organization/entity's name and address, type of work carried out, dates and a contact person familiar with your work there. Use the back of this page for more space, if necessary.)

List any talents, vocations, preparation, training or other experiences which have equipped you to work with children, students or vulnerable populations: (i.e., bilingual)

Please provide three (3) references, including one **professional**, one **personal** (non-family member) reference, and one **family member**. References must include one member of the **opposite sex**. Please contact these references and inform them an authorized staff person from The WARM Place will be contacting them.

Family Member: Relationship _____ Phone: _____

Name: _____ Address _____

Personal (non family member): Phone: _____

Name: _____ Address _____

Professional: Phone: _____

Name: _____ Address _____

Because The WARM Place, Fort Worth desires to protect the children in our programs, please answer the following questions. We understand that the answers to these questions may be private and deeply personal, and we will protect your privacy.

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?

When you are unhappy, angry or emotional about a person or circumstance, what do you do?

Have you experienced any significant physical or emotional stresses within the past year, such as the loss of a parent, spouse, or child, 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? _____

Any childhood loss/losses? _____ Whom did you lose? _____ At what age? _____

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	Friday
Evening (5:30-9:30 pm)					

Volunteer Activities

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: _____