



FAMILY FRIEND APPLICATION

Safe Families for Children

Date: _____
Last Name: _____

APPLICANT INFORMATION			
FIRST NAME		LAST NAME	
BIRTH DATE (mm/dd/yyyy)	WORK PHONE	CELLULAR PHONE	HOME PHONE
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE/ETHNICITY/NATIONALITY:	EMAIL ADDRESS	
RELATIONSHIP STATUS <input type="checkbox"/> Single, Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	LANGUAGES SPOKEN Primary _____ Secondary _____	
HOME ADDRESS			
STREET ADDRESS			
CITY		STATE	ZIP
What is drawing you to Safe Families for Children?			
Please provide Safe Families for Children with the ways that you want to volunteer.			
What experience have you had on the specific area you are signing up for?			
Tell us about a difficult time in your life and how that will relate to the families that you are going to be serving.			

TRANSPORTATION:
Will you use your vehicles be used to transport children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you provide Safe Families for Children with proof of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license to transport children? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICANT #1
<input type="checkbox"/> I understand that I must have appropriate child safety seats when applicable.
<input type="checkbox"/> I understand that I am responsible for ensuring that any person outside who transports children must have a valid driver's license and insurance and must adhere to Safe Families for Children guidelines for transporting children.
<input type="checkbox"/> I understand that all drivers must, hold a valid license and provide proof of insurance before transporting parents or minors.
<input type="checkbox"/> I understand that I will be asked to obtain a DMV printout.

SUPPORT OF PARENTS
Are you interested in developing a relationship with the parent of the children who are part of Safe Families for Children? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

Print Name

Date