

*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 David Asbill, [david.asbill@fostershome.org](mailto:david.asbill@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: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

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:

\_\_\_\_\_

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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				

# Foster's Home for Children

**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.

# Foster's Home for Children

## 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

## 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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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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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