BETHANY
CHRISTIAN SERVICES

SAFE FAMILY APPLICATION

HOW DID YOU HEAR ABOUT SAFE FAMILIES?:

APPLICANT #1	APPLICANT #2
LAST NAME: FIRST NAME:	LAST NAME: FIRST NAME:
BIRTH: *(Date)* *(Place)*	BIRTH: *(Date)* *(Place)*
EMAIL ADDRESS:	EMAIL ADDRESS:
RACE/ETHNICITY/NATIONALITY:	RACE/ETHNICITY/NATIONALITY:
LANGUAGES SPOKEN: *(Primary)* *(Secondary)*	LANGUAGES SPOKEN: *(Primary)* *(Secondary)*
WORK PHONE:	WORK PHONE:
CELLULAR PHONE:	CELLULAR PHONE:

HOME ADDRESS:

(Street) *(City)*

(County *(State)* *(Zip Code)*

(Home Phone Number) *(Home Fax Number – if applicable)*

MOTIVATION:
(Please tell us a little about your interest in becoming a volunteer Safe Family)

HOUSEHOLD COMPOSITION:
Include All Individuals Residing In The Home *(Add additional information on another sheet if needed)*

NAME	**DATE / PLACE OF BIRTH**	**GENDER**	**BASIC INFORMATION**
1.			Relationship to Applicant(s): Part or Full Time Resident:
2.			Relationship to Applicant(s): Part or Full Time Resident:
3.			Relationship to Applicant(s): Part or Full Time Resident:
4.			Relationship to Applicant(s): Part or Full Time Resident:

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EMPLOYMENT:

Husband -

Current/Last Employer: Location:
Title/Responsibilities: Dates Employed:

Wife -

Current/Last Employer: Location:
Title/Responsibilities: Dates Employed:

Is your family financially able to provide care for a child placed in your home through Safe Families on a volunteer basis?

Do you currently receive any government assistance with household expenses? *(TANF, WIC, SSI, Disability, Adoption Assistance, etc)*

BACKGROUND CHECKS *(Please indicate whether **any** household member has a history of the following and if so, details of what happened and how it was addressed.)*

☐ Arrest
☐ Felony Conviction
☐ Child Protective Services' Report or Investigation

CHARACTERISTICS OF CHILDREN YOU CAN HOST IN YOUR HOME:

***General characteristics: this will be discussed more in depth at future meetings.**

Age Range: Gender: ☐ male ☐ female ☐ either
Max number of children at one time: Siblings: ☐ Yes ☐ No
Ethnicities / Cultural Backgrounds: Languages:
Special needs:
Behavior issues:
Other:

_____ _____
Applicant Signature Date

_____ _____
Applicant Signature Date

_____ _____
Safe Families Staff Signature Date

*Upon completion of the application, please print a copy and send to:

Bethany Christian Services
Attn: Safe Families
29 West Smith Street
Winter Garden, FL 34787.

Thank you for your interest in Safe Families!