

LAST NAME		HOME PHONE
ADDRESS		
CELL PHONE	FAX NUMBER	EMAIL ADDRESS

	APPLICANT # 1	APPLICANT # 2
FIRST AND MIDDLE NAME		
SOCIAL SECURITY #		
DATE OF BIRTH AND AGE		
PLACE OF BIRTH		
RACE / ETHNICITY		
GENDER		
OCCUPATION		
EMPLOYED BY		
SUPERVISOR NAME		
SUPERVISOR PHONE		
WORK PHONE #		
EMPLOYER'S ADDRESS		
HOURS OF WORK		
HIGHEST EDUCATION & GRADE COMPLETED		
MARITAL STATUS		
IF MARRIED, DATE AND PLACE OF MARRIAGE		
ARE YOU A U.S. CITIZEN? IF NOT, OF WHAT COUNTRY ARE YOU A CITIZEN		
HOW LONG HAVE YOU LIVED IN THE U.S.?		
LANGUAGES YOU SPEAK		
RELIGIOUS AFFILIATION		
CHURCH AFFILIATION		

FA-1

**PLEASE READ OUR MISSION STATEMENT CAREFULLY**

The mission of FaithBridge Foster Care is to provide redemptive, healing services that bring meaningful changes to the lives of children and families. Grounded in scripture and in the tradition of the Christian church, we seek to bring wholeness of God’s love to persons through Christ.

**DO YOU BELIEVE YOU CAN UPHOLD THE MISSION OF FAITHBRIDGE FOSTER CARE?**

- YES     NO    PLEASE INITIAL APPLICANT #1 \_\_\_\_\_
- YES     NO    PLEASE INITIAL APPLICANT #2 \_\_\_\_\_

In the best interest of children regarding morality and role modeling such as morality, there are some principles to which FaithBridge Foster Care ascribes by upholding ethical conduct, which provides the foundation for the values which we hope to communicate to the children and young people entrusted to our care.

I. We affirm that marriage is a contract that is expressed in love, mutual support, personal commitment and shared fidelity between a man and a woman. We reject all sexual acts and expressions that dehumanize or destroy people, and we affirm only those sexual acts and expressions that enhance our humanity.

II. We do not believe that two persons should engage in a sexual relationship outside of marriage. Any act of sexual harassment, any sexual conduct between staff members and/or children/youth or between volunteers, including foster parents, and residents, children, youth, placed in foster homes through FaithBridge will not be tolerated.

Violation of the above mentioned shall be grounds for immediate termination of employment status, foster parent, or volunteer relationship.

All staff members, foster parents and volunteers shall show the highest standards of sexual morality in all their relationships connected with their employment or volunteer work here.

I understand the above position of FaithBridge Foster Care and will support it by precept and example while affiliated with FFC.

SIGNATURE OF APPLICANT 1 \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPLICANT 2 \_\_\_\_\_ DATE \_\_\_\_\_

**DO YOU HAVE CHILDREN LIVING IN YOUR HOME? IF SO PLEASE FILL OUT THE FOLLOWING:**

YES    NO

NAME		DATE OF BIRTH	GENDER
RACE/ETHNICITY	GRADE/OCCUPATION		IS YOUR HOME THEIR PRIMARY LIVING PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		DATE OF BIRTH	GENDER
RACE/ETHNICITY	GRADE/OCCUPATION		IS YOUR HOME THEIR PRIMARY LIVING PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		DATE OF BIRTH	GENDER
RACE/ETHNICITY	GRADE/OCCUPATION		IS YOUR HOME THEIR PRIMARY LIVING PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		DATE OF BIRTH	GENDER
RACE/ETHNICITY	GRADE/OCCUPATION		IS YOUR HOME THEIR PRIMARY LIVING PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		DATE OF BIRTH	GENDER
RACE/ETHNICITY	GRADE/OCCUPATION		IS YOUR HOME THEIR PRIMARY LIVING PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO

**DO YOU HAVE OTHERS LIVING IN YOUR HOME? IF SO PLEASE FILL OUT THE FOLLOWING:**

YES    NO

NAME		DATE OF BIRTH	GENDER
RACE/ETHNICITY	OCCUPATION		
NAME		DATE OF BIRTH	GENDER
RACE/ETHNICITY	OCCUPATION		
NAME		DATE OF BIRTH	GENDER
RACE/ETHNICITY	OCCUPATION		

**DO YOU HAVE GROWN CHILDREN OR CHILDREN FROM A PRIOR RELATIONSHIP WHO LIVE ELSEWHERE ? IF SO PLEASE FILL OUT THE FOLLOWING:**

YES    NO

NAME	DATE OF BIRTH	CITY	STATE
NAME	DATE OF BIRTH	CITY	STATE
NAME	DATE OF BIRTH	CITY	STATE

HOW DID YOU LEARN OF OUR PROGRAM?

WHY DO YOU WISH TO BE A FOSTER PARENT/RESPITE FAMILY?

HOW MANY CHILDREN DO YOU WISH TO FOSTER?

WHAT AGE DO YOU WISH TO FOSTER? CHECK ALL THAT APPLY

- INFANT/TODDLER (0-2 YRS)
- PRE-SCHOOL CHILD (3-5 YRS)
- ELEMENTARY AGE CHILD (6-11 YRS)
- MIDDLE SCHOOL AGE CHILD (12-14 YRS)
- HIGH SCHOOL AGE CHILD (15-18 YRS)
- AFTER HIGH SCHOOL AGE (18+ YRS)

WHAT GENDER DO YOU WISH TO FOSTER?

- MALE
- FEMALE

PLEASE PROVIDE AT LEAST 4 REFERENCES FOR OUR STAFF TO CONTACT AS WE REVIEW YOUR APPLICATION

NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
NAME		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP

FA-4

**IF APPLICABLE, PLEASE CHECK:**

- CURRENTLY OR WITHIN THE PAST FIVE (5) YEARS HAVE YOU FOSTER PARENTED WITH ANOTHER AGENCY  YES  NO
- STATE REGULATED DAYCARE SERVICES ARE PROVIDED OUT OF MY HOME.  YES  NO
- OPERATE INFORMAL DAYCARE SERVICES OUT OF MY HOME.  YES  NO
- OWNERSHIP OF A LICENSED DAYCARE FACILITY.  YES  NO
- OPERATE A BUSINESS FROM HOME OR OBTAIN INCOME BY WORKING FROM HOME.  YES  NO
- HAVE BEEN EMPLOYED IN A POSITION WORKING WITH CHILDREN DURING THE PAST 5 YEARS.  YES  NO
- HAVE LEGAL CHARGES THAT MAY APPEAR IN A LOCAL / OR NATIONAL CRIMINAL RECORDS CHECKS.  YES  NO

PLEASE EXPLAIN

NAME OF MOST RECENT AGENCY	COMPLETE ADDRESS OF AGENCY	DATES OF SERVICES
----------------------------	----------------------------	-------------------

NAME OF CONTACT PERSON AT AGENCY	PHONE NUMBER OF AGENCY
----------------------------------	------------------------

LIVING ARRANGEMENTS <input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT <input type="checkbox"/> OTHER	NUMBER OF BEDROOMS	NUMBER OF BATHROOMS
---	--------------------	---------------------

WILL CHILD SHARE ROOM	IF YES, WITH WHOM?
-----------------------	--------------------

I/we certify that my answers are true and complete to the best of my knowledge this application is a statement of intent and is not a commitment or contract. Either FaithBridge Foster Care or the applicant(s) may withdraw this form at any time. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for foster parenting decision.

I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am accepted, I understand that false or misleading information given in my application or interview(s) may result in refusal.

I have never been shown by credible evidence (such as a decision of a court or jury, or a department investigation or other reliable evidence) to have abused, neglected, sexually exploited or deprived a child or adult to have subjected any person to serious injury as a result of intentional or grossly serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.

SIGNATURE OF APPLICANT 1 \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPLICANT 2 \_\_\_\_\_ DATE \_\_\_\_\_

**FA-5**