

# Volunteer Family Coach Application

## *Safe Families for Children*

PERSONAL INFORMATION		
Applicant's Name:		Church Affiliation:
Applicant's Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Primary Email Address:		
Driver's License Number:		Date of Birth:
Car Insurance Company:		Last 4 digits of Social Security # (for background check)

SAFE FAMILIES MINISTRY HISTORY
Are you currently an authorized host Safe Family? <input type="checkbox"/> YES <input type="checkbox"/> NO
If no, are you willing to become an authorized host Safe Family? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, how long have you been a host Safe Family?
If yes, how many placements have you had?

COACHING INTEREST AND MOTIVATION		
Why are you interested in becoming a Volunteer Family Coach?		
What experiences, gifts, and talents do you possess that you feel would be an asset to your role as a volunteer Family Coach?		

<p>A volunteer Family Coach can expect to spend between 1 ½ and 3 ½ hours per week per placement. How many hours each week are you interested in working as a volunteer Family Coach?</p>		
<p>In which location(s) are you willing to serve as a Family Coach?</p>	<p>Please indicate all that apply:</p>	
	<input type="checkbox"/> Bonner County	<input type="checkbox"/> Boundary County

REFERENCES		
<p>Please list three people who can provide information about your background, character, abilities, etc. One reference should be a person who has known you for at least five years. Please exclude any relatives.</p>		
<p>Name:</p>	<p>Phone Number:</p>	<p>Years Known:</p>
<p>Email Address:</p>		
<p>Name:</p>	<p>Phone Number:</p>	<p>Years Known:</p>
<p>Email Address:</p>		
<p>Name:</p>	<p>Phone Number:</p>	<p>Years Known:</p>
<p>Email Address:</p>		

APPLICANT DISCLOSURE	
<p>If you indicate 'yes' to any of the questions below, please provide a written statement indicating the nature and circumstances of the incident(s).</p>	
<p>Have you ever been arrested, charged, or convicted of a crime?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Are you currently on probation or parole for an offense?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been investigated by DCFS for child abuse or neglect?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had a child removed from your care due to abuse or neglect?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have your parental rights ever been suspended or restricted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had your driver's license suspended?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Applicant Signature

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Date

Please submit this application to:

Robin Hull, MS, LPC Family Coach Supervisor [FCS@idahopefamilies.org](mailto:FCS@idahopefamilies.org) or

Idahope Families

PO Box 2360

Sandpoint Idaho, 83864