



All Family Beacon volunteers must complete this application. Please identify the appropriate role(s) for which you are applying. Beacon Home Client Coach Home Coach

Personal Background

Applicant 1:

Last Name, First Name

Birth Date (mm/dd/yyyy)

Birth Place (City, State, Country)

Gender

Female Male

Race/Ethnicity/Nationality

Relationship Status

- Single-Never Married
- Married
- Separated
- Divorced
- Widowed

Language Spoken (Primary)

Primary Contact Phone

Mobile Landline

Second Contact Phone

Mobile Landline

Email Address (i.e. me@mail.com)

Your Home

Home Address

Street

Applicant 2: (if applicable)

Last Name, First Name

Birth Date (mm/dd/yyyy)

Birth Place (City, State, Country)

Gender

Female Male

Race/Ethnicity/Nationality

Relationship Status

- Single-Never Married
- Married
- Separated
- Divorced
- Widowed

Language Spoken (Primary)

Primary Contact Phone

Mobile Landline

Secondary Contact Phone

Mobile Landline

Email Address (i.e. me@mail.com)

Home Description

(check all that apply)

Construction:

Apartment Single-Family Home

City, State, Zip

- Duplex
- Mobile Home
- One Story
- Bi-level
- Other
- Condominium
- Military
- Two or More Stories
- Basement

Home Information:

Is there any type of business operated from the residence?

- Yes
- No

If yes, describe the impact of home business during a Beacon Home placement.

Indoor Space:

- One Bedroom
- Three Bedrooms
- Attic
- Handicap Access
- Two Bedrooms
- Four or + Bedrooms
- Basement w/ Walkout

Approx. Overall Square Footage

Outside Space:

- Porch
- Pool/Pond/Spa/Fountain
- Shed/Barn
- Detached Garage
- Handicap Access
- Deck
- Patio
- Fenced Yard
- Play Equipment

Arrangement:

- Rent
- Own
- Other

Description of Home (for Beacon Homes only)

Sleeping Arrangements (include estimated square footage of each room and the floor or level the room is located on. If the room is occupied, please provide the occupants. Indicate where a child or children are available to sleep. Indicate the type of bed they will be able to use (ex. crib, twin, full, queen, bunk. If bunk is available, indicate if it is upper or lower bed.)

Bedroom

Name(s) of Occupants

Measurements

- Open

Floor/Level

Type of Available Bed(s)

Bedroom

Bedroom

Name(s) of Occupants

Measurements

- Open

Floor/Level

Type of Available Bed(s)

Bedroom

Name(s) of Occupants

Measurements

Open

Floor/Level

Type of Available Bed(s)

Bedroom

Name(s) of Occupants

Measurements

Open

Floor/Level

Type of Available Bed(s)

Name(s) of Occupants

Measurements

Open

Floor/Level

Type of Available Bed(s)

Bedroom

Name(s) of Occupants

Measurements

Open

Floor/Level

Type of Available Bed(s)

Family Composition (for Beacon Homes only)

List all people living in the home not including the applicant(s).

Name

Gender

Female Male

Age

Grade

School

Personality

Special Needs

Relationship

Biological Step

Name

Gender

Female Male

Age

Grade

School

Personality

Special Needs

Relationship

Biological Step

- Adopted Foster
 Other

Transportation

Will your vehicle(s) be used to transport children?

- Yes No

If no, describe alternative transportation plan.

Does the applicant(s) have proof of insurance?

- Yes No

If yes, please provide copy with application; if no, explain.

Please provide copy of applicant(s) drivers' license with application.

Applicant 1:

- I understand that I must have appropriate child safety seats when applicable.

 I understand that I am responsible for ensuring that any person outside the household who transports children must have a valid driver's license and insurance and must adhere to Family Beacon guidelines for transporting children.

Financial Information

Income:

- < \$20,000 \$20,000 - \$60,000 \$60,000 - \$80,000 \$80,000 - \$100,000 > \$100,000

I understand there is no financial reimbursement or compensation for Beacon Homes/Coaches. Expenses for activities and care (food, shelter, clothing) are covered by Beacon Homes/Coaches and/or their Support Network.

I affirm that I can provide for the needs of my existing family and those of the child(ren) I welcome into my home through Family Beacon. (Beacon Homes only)

- Adopted Foster
 Other

List all household members (and others if applicable) who you want approved to transport minors in your care including applicant(s):

Name

Drivers License Number

State Issued

Date of Birth (mm/dd/yyyy)

Name

Drivers License Number

State Issued

Date of Birth (mm/dd/yyyy)

Other Drivers to be approved:

Applicant 2:

- I understand that I must have appropriate child safety seats when applicable.

 I understand that I am responsible for ensuring that any person outside the household who transports children must have a valid driver's license and insurance and must adhere to Family Beacon guidelines for transporting children.

Support Network (for Beacon Homes only)

From your church, who would you recommend to be your Home Coach? (They will receive training and conduct weekly home visits to provide ongoing support to you during the placement.)

Name

Phone

Email

From your personal support network, who could help with childcare? (List as many as 4 people and their email.)

Name(s)

Email (ex. me@mail.com)

If you had a crisis, who would you call? (List as many as 2 people and their email.)

Name(s)

Email (ex. me@mail.com)

Employment History

Applicant 1:

Current Employer

City, State

Title

Dates Employed

Responsibilities

Applicant 2:

Current Employer

City, State

Title

Dates Employed

Responsibilities

Previous Employer

City, State

Title

Dates Employed

Responsibilities

Previous Employer

City, State

Title

Dates Employed

Responsibilities

Previous Employer

City, State

Title

Dates Employed

Responsibilities

Previous Employer

City, State

Title

Dates Employed

Responsibilities

How many hours per week do you currently work?

Have you ever been terminated or asked to resign? Yes No
If yes, please explain.

How many hours per week do you currently work?

Have you ever been terminated or asked to resign? Yes No
If yes, please explain.

Educational History

Please list the high school and college (if applicable) you attended and answer the following.

Applicant 1:

What is the highest level of education completed?
 High School Associates (2yr)
 Bachelors (4yr) Masters
 Doctoral

Applicant 2:

What is the highest level of education completed?
 High School Associates (2yr)
 Bachelors (4yr) Masters
 Doctoral

High School

City, State

Dates Attended

Honors/Accolades

College/Trade School

City, State

Dates Attended

Honors/Accolades

Degree/Special Training

High School

City, State

Dates Attended

Honors/Accolades

College/Trade School

City, State

Dates Attended

Honors/Accolades

Degree/Special Training

Beacon Home Hosting Information (for Beacon Homes only)

What ages of children are you interested in hosting in your home?

How many children are you interested in hosting in your home?

What gender(s) are you interested in hosting in your home?

Female Male Either

Additional notes regarding preferences for children you would be interested in hosting in your home?

What are your existing children's views of being a Beacon Home and hosting a child(ren)?

Support of Client Family (Biological Family): Are you interested in developing a relationship with the biological family of the child in your care? Yes No

References

Please provide the contact information and relationship type for three references. Include one pastoral reference and two others who can provide moral, prayer, and material support during your hosting.

Name

Address

Phone

Email (ex. me@mail.com)

Relationship

Name

Address

Phone

Email

Relationship

Name

Address

Phone

Email (ex. me@mail.com)

Relationship

Terms of Acceptance and Signature

Applicant 1:

- I attest that the aforementioned information is accurate and complete to the best of my knowledge. I, the applicant to be a Beacon Home, Home Coach, or Client Coach warrant the truthfulness of the information provided in this application.

Signature

Date (mm/dd/yyyy)

Applicant 2:

- I attest that the aforementioned information is accurate and complete to the best of my knowledge. I, the applicant to be a Beacon Home, Home Coach, or Client Coach warrant the truthfulness of the information provided in this application.

Signature

Date (mm/dd/yyyy)