



FAMILY BEACON VOLUNTEER ASSESSMENT

All **Family Beacon** volunteers must complete this assessment. Please identify the appropriate role(s) for which you have applied. Beacon Home Client Coach Home Coach

Volunteer 1:

Last Name, First Name

Volunteer 2: (if applicable)

Last Name, First Name

Why do you want to volunteer with Family Beacon?

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Family History

Which has occurred in your family of origin?

- Domestic Violence Child Abuse/Neglect
 Divorce Mental Illness
 Substance Use Abuse
 Traumatic Event(s)

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 Divorce Mental Illness
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Please elaborate on any of the above:

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Childhood: discuss upbringing, parental/sibling relationships and family rules.

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Which of the following forms of discipline occurred in your family of origin:

- Time Outs Spanking Loss of Privileges
- Grounding Other:

Was discipline excessive? Yes No

If yes, please explain:

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- Time Outs Spanking Loss of Privileges
- Grounding Other:

Was discipline excessive? Yes No

If yes, please explain:

Marriage

Previous Marriage(s) (if applicable)

Husband: Yes No

Wife: Yes No

Current Marriage (if applicable)

Years Married:

Any periods of separation? Yes No

Strengths of Marriage:

Weaknesses of Marriage:

Values & Beliefs

What is important to/in your family?

Please describe your involvement in your church.

Other Issues

Volunteer 1:

Have you ever been convicted of child abuse/neglect?

Yes No

Have you ever been arrested?

Yes No

Have you ever been convicted of a felony?

Yes No

Have you ever been involved in a domestic violence incident?

Yes No

Have you ever had a substance use or abuse or alcohol problem?

Yes No

Have you ever had mental health problems?

Yes No

Do you have health problems that impact your care giving role?

Yes No

Do you or anyone in your household smoke?

Yes No

Please elaborate on any yes answers:

Volunteer 2: (if applicable)

Have you ever been convicted of child abuse/neglect?

Yes No

Have you ever been arrested?

Yes No

Have you ever been convicted of a felony?

Yes No

Have you ever been involved in a domestic violence incident?

Yes No

Have you ever had a substance use or abuse or alcohol problem?

Yes No

Have you ever had mental health problems?

Yes No

Do you have health problems that impact your care giving role?

Yes No

Do you or anyone in your household smoke?

Yes No

Please elaborate on any yes answers:

Are you willing to respect and help preserve the child's culture and heritage while in your home? Yes No

Are there firearms or weapons in the home? Yes No If yes, where are they stored?

Are there pets in the home? Yes No If yes, please describe the number and type:

Are the pets friendly to children? Yes No

Are cleaning supplies and chemicals out of reach and secured? Yes No

Are smoke detectors in operating order? Yes No

Terms of Acceptance and Signature

Volunteer 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, Beacon Coach, or Client Coach warrant the truthfulness of the information provided in this application.

Signature

Date (mm/dd/yyyy)

Volunteer 2: (if applicable)

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

Signature

Date (mm/dd/yyyy)