

Thank you for taking the time to fill out this application. By doing this, you recognize our purpose in the community which is to provide sanctuary and healing to children of trauma. We appreciate you wanting to join us in our mission for children:

- To provide a **S**afe environment to grow
- To provide an avenue for **E**motional management
- To provide a way to mourn the Loss of significant events and people
- To provide a solution focused Future

Please include a copy of your Driver's License and a copy of your Social Security Card as both are required to complete the Texas Department of Family and Protective Services Criminal History Check.

If you have any questions, please do not hesitate to contact Doug Young, doug.young@fostershome.org, or 254-968-2143 ext. 246.



Applicant Information

DATE:		
First Name:	Middle Name:	Last Name:
Other Names Used: (Marr	ied, Maiden, Etc.)	
Date of Birth:	Social Security Nu	mber:
AgeSex		
Desired Role at Foster's Ho	me (Employee, Volunteer, Spor	nsor, etc):
The following are required	l for the Texas DFPS Criminal H	listory Check:
United States Citizen:	Yes No	
Ethnicity: Hispanic I	Not Hispanic	
Race: American Indian	/Native Alaskan Asian	Black
Native Hawaiian	/Pacific Islander White	Other
Driver's License Number a	nd Type:	State:
Phone Numbers: Home: _		Cell:
Email address:		
Current Address (please ir		
Permanent Address (pleas	e include the county):	
List RESIDENCE address fo	r the last 5 years: (Have you liv	/e out of state in the last 5 years? \Box Yes \Box No)
List all other cities in TEXA	S where you have had residen	cy since you were 14 years old: