

Speakers Bureau Application

FAMILY

PARENT INFORMATION

Parent 1

Name: _____

Address: _____

City/state/zip: _____

Phone 1: _____ Phone type: _____

Phone 2: _____ Phone type: _____

Email: _____

Occupation: _____

Religion/communities of faith/other beliefs:

Race: _____

Ethnicity: _____

Languages spoken: _____

Date of birth: _____

Please check if you were adopted or ever in foster care yourself.

Please check if you are married or in a domestic partner relationship.

Parent 2

Name: _____

Phone 1: _____ Phone type: _____

Phone 2: _____ Phone type: _____

Email: _____

Occupation: _____

Religion/communities of faith/other beliefs:

Race: _____

Ethnicity: _____

Languages spoken: _____

Date of birth: _____

Please check if you were adopted or ever in foster care yourself.

Please check if you are married or in a domestic partner relationship.

Child/Youth Information

Total number of children in family: _____

Number of children currently in the home: _____

Number of children by guardianship: _____

Number of children by adoption: _____

Number of children by birth: _____

Number of children fostering: _____

Number of other children in the home, please specify relationship (e.g., grandchild, niece, nephew, step-children):

Parent(s) Caseworker Information

Please list your current caseworker. If you do not have a caseworker, please list the names of the worker and agency that completed your home study.

Caseworker name: _____

Caseworker agency: _____

Caseworker address: _____

Caseworker phone: _____

Caseworker email: _____

Military

Please check if you were or are currently enlisted in the US military.

MEDIA EXPERIENCE

Parent 1 Media Experience

Are you willing to speak with:

- TV
- Radio
- Newspapers
- Magazines
- Online
- Conferences
- Training

Do you have experience speaking publicly (e.g., panels, conferences) or to the media? If so, please list or provide a link.

Parent 2 Media Experience

Are you willing to speak with:

- TV
- Radio
- Newspapers
- Magazines
- Online
- Conferences
- Training

Do you have experience speaking publicly (e.g., panels, conferences) or to the media? If so, please list or provide a link.

Do your child(ren) or youth have experience speaking to the media and are they comfortable doing so? Would they be interested in being a member of our speakers bureau?

Please list your local media outlets.

Radio: _____

TV: _____

Newspaper: _____

Recognition

Have you received any awards or recognition as a result of adoption, foster, or kinship care? Please list.

CHILD/YOUTH INFORMATION

Please provide information on all children and youth whom you have legal custody of (birth, guardianship, adoption) or who are currently in your home. Only share non-identifying information for children you are currently fostering. Let us know if you need additional child/youth sheets.

Child/Youth

Name: _____

Type of relationship (birth, guardianship, adoption, or foster):

Ethnicity: _____

Race: _____

Age of child when entered your home: _____

Age of child and date of legal permanency: _____

Date of birth: _____

What state was child placed from? _____

Caseworker Information

Caseworker name: _____

Caseworker agency: _____

Caseworker address: _____

Caseworker phone: _____

Caseworker email: _____

Demographics

Please check all that apply.

- Child was placed from another jurisdiction
From where? _____
- Sibling group placed together
- Adopted child was a teen at time of adoption
- Kinship/relationship
- Resides in home
- Child is currently in foster care
- Other: _____

Child/Youth

Name: _____

Type of relationship (birth, guardianship, adoption, or foster):

Ethnicity: _____

Race: _____

Age of child when entered your home: _____

Age of child and date of legal permanency: _____

Date of birth: _____

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Caseworker name: _____

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Name: _____

Type of relationship (birth, guardianship, adoption, or foster):

Ethnicity: _____

Race: _____

Age of child when entered your home: _____

Age of child and date of legal permanency: _____

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Any information that you provide is confidential. Your information will not be shared with anyone without your consent.

I affirm that the information provided is true to the best of my knowledge. I understand that by typing my name below it acts as my signature and gives authorization for _____ to contact any child welfare professionals who have assisted my family or my child.

Parent 1 signature: _____ Date: _____

Parent 2 signature: _____ Date: _____

SEND FORM TO: _____

QUESTIONNAIRE FOR FAMILY: ADOPTIVE PARENTS

Tell us about your adoption or foster parenting experience.

Why did you decide to adopt from foster care?

Has adoption from foster care changed your life? How?

How many years have you been a foster/adoptive parent?

How many children have you fostered/adopted?

What has been your biggest adoption challenge?

What has been the greatest reward?

When was your adoption finalized? (If there were several adoptions, indicate the latest adoption finalization date.)

Is there anything else you would like to share about your adoption experience?

How did you find your child/youth?

What has your experience been in supporting birth family connections?

Have you shared your adoption story with the media? When? How often?

QUESTIONNAIRE FOR FAMILY: FOSTER PARENTS

Why did you decide to become a foster parent?

How many years have you been a foster parent?

How many children have you fostered?

Has foster parenting changed your life? How?

What has your experience been in supporting reunification and other birth family connections?

What has been your biggest challenge as a foster parent?

What has been the greatest reward?
