

*Creating opportunities for
children and families
to flourish*



Special Friends Volunteer Application

Name:

Date:

Address:

School:

Phone:

1. Describe your experience with children

2. Why would you like to be a **Special Friend**?

3. How do you develop a child's friendship and trust?

4. Is there a particular type of child you'd like to work with (i.e. quiet, outgoing, boy, girl)

5. Can you comfortably meet these time commitments?
Regular 30 to 45 minute sessions, once a week, for half year _____ full school year? _____

6. Two references – names and phone numbers.
 - 1.

 - 2.

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Special Friends

Confidentiality Agreement

This agreement describes confidentiality in your role as a Special Friend. It is positive when schools feel like a big family, yet it is important to hold what you learn about a child and family in a private and respectful space.

Yes, you may certainly...

- Discuss your Special Friends session with your Site Coordinator, school principal or at a Special Friend meeting, particularly if you are worried about a child.
- Speak to your Special Friend in public if the child approaches you first.

And it is imperative...

- You tell you Site Coordinator or principal if you are concerned about a child's safety or if abuse has been disclosed.

But we must avoid...

- Being specific about names and events when talking among family and friends.

And we hope you will...

- Tell your friends about *your* experience as a Special Friend so they might volunteer to help a child, also!

Name

Date

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CRIMINAL HISTORY FORM

Last Name _____ First Name _____ Middle Initial _____

Alias or Maiden Name _____

Current Address _____

City _____ State _____ Zip _____ County _____

Telephone #: _____

Eye Color _____ Hair Color _____ Weight _____

Height _____ Ethnicity _____ Gender _____

Date of Birth _____ Driver's License # and State _____

Social Security #: _____

Applicants Signature _____ Date _____

Requesting Agency / Business: Coalition for Kids, Inc.

Authorized Personnel: _____

Address: 223 SE M Street

City/State/Zip: Grants Pass, OR 97526

Telephone #: (541) 955-5250

Do Not Write Below This Line ~ ~ ~ ~ ~ For Office Use Only

Initials of CBH Preparer _____ Date Performed _____

Type of Check: Criminal _____ DMV _____

Results: [ark appropriate box] No Record ___ Inquiry ___
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States Searched: Oregon _____ Idaho _____ Washington _____ California _____