



STOMP Counselor Application

Every Second Tuesday of the Month (STOMP) the Foster Heart Link Ministry hosts the monthly meeting of the Foster Parent Association of Pinellas County at Calvary Chapel St. Petersburg. While the Association conducts their business, we provide the care for the foster children.

It is crucial that we personally know the counselors who oversee the care of the foster children in each classroom; therefore we need the following application completed. All counselors must be at least 18 years old and a criminal background check must be completed on an annual basis.

For more information please contact: Pattie Cleberg 727-432-6058 or email pattiec@fosterheartlink.org

Today's Date: _____
Date of Birth (mm/dd/yy): _____
Name: _____
Address: _____
City, State Zip _____
Home Phone: _____
Alternative Phone: _____
E-mail: _____

Personal Information

1. Is Calvary Chapel your home church? ____ Yes ____ No
If Yes, what service(s) do you attend? _____
If No, where do you attend? _____
How long have you attended? _____
2. Please list any small group(s) you attend: _____

3. What ministries are you involved with at Calvary Chapel? _____

4. Are you a leader small group or ministry at Calvary Chapel or elsewhere? _____

5. What do you think your spiritual gifts are? _____

6. Please name a pastor or leader at Calvary Chapel or your previous church who could give you a reference:
Name: _____ Phone: _____
Name: _____ Phone: _____
7. Please list two people other than family members who know your spiritual walk:
 1. Name: _____ Phone: _____
Address: _____ City: _____ St./ zip: _____
 2. Name: _____ Phone: _____
Address: _____ City: _____ St./ zip: _____
8. Please briefly describe how and when you came to know the Lord: _____

9. What makes you interested in this ministry? _____

10. Do you have any health limitations? (explain) _____

As part of your volunteer application you are subject to a criminal background check. A previous record does not necessarily exclude you from volunteering but we will need to discuss any incident(s). Is there any history we should be made aware of?

Do you disagree with any of the Calvary Chapel distinctives in our "Statement of Faith"?
If yes, please explain

Christian Conduct:

Calvary Chapel St. Petersburg requires compliance with all rules and regulations, including the rules concerning conduct, dress and Christian lifestyle, either described in this application or in addendums for specific areas of ministry.

Spiritual Growth

Your personal relationship with Christ Jesus should be the highest priority in your life and kept with utmost diligence by regular Bible reading, prayer and fellowship with the church.

Behavior

Working in any ministry at Calvary Chapel you will be expected to abstain from all substance abuse. Speech must be edifying. Gossip, slander and cursing are not acceptable. (Eph 4:29-31)

Appearance

Your appearance reflects not only you as an individual, but the church as well. Although Calvary Chapel is known for our "casual" atmosphere, we expect everyone to take pride in their appearance and to strive to have a positive image when representing the church and the Lord. We ask that clothing be modest, clean, and appropriate. We should never dress in a manner to draw attention to ourselves, or that may cause a brother or sister in Christ to stumble in their Christian walk.

Consent and Waiver:

I authorize any references listed in the application to give you any information that they have regarding my character and fitness for service. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

My signature below signifies that I have read, understand, and agree to the information in this application and I will comply with all guidelines and requirements for me to serve as a Foster Heart Link Mentor.

Signature of Applicant: _____ Date: _____

RELEASE OF INFORMATION
Eckerd Community Alternatives
6451 126th Avenue North, Suite 300 Largo, FL 33773
(727) 456-0600
Fax (727) 456-0640

I (We) hereby authorize the release of any information requested by Eckerd Community Alternatives to be utilized in determining or re-determining (our) suitability to be volunteer classroom child care providers for the **Second Tuesday of the Month Project (STOMP)**.

I (We) hereby grant permission to Eckerd Community Alternatives, Inc to obtain information from local, state, or federal law enforcement agencies to help determine or re-determine my (our) suitability to serve as a STOMP volunteer.

I (we) understand, however, that a history of arrest reported by any of these agencies will not necessarily prohibit my (our) participation in the STOMP program.

Pursuant to Florida Statute 415.51 (4), I (we) hereby authorize Sarasota Family YMCA, Inc to make inquiry of the central abuse registry and tracking system in regard to the existence of any confirmed report of abuse, neglect, or exploitation and the results of any investigation pursuant hereto.

_____	_____	_____
Applicant	Social security #	Date
_____	_____	_____
Applicant	Social security #	Date

BACKGROUND SCREENING REQUEST FORM

TYPE OF CHECK
<input type="checkbox"/> Babysitting
<input type="checkbox"/> Unsupv. Contact
<input type="checkbox"/> Reunification
<input type="checkbox"/> Closure/JR/TPR
<input type="checkbox"/> Other (please explain)
Important Note: These types of checks are not utilized for placement
<input type="checkbox"/> Placement – Relative/Non-Relative
Additional Check Requested
<input type="checkbox"/> Order list of 911 calls to Address
<input type="checkbox"/> Adoptions
Additional Check Requested
<input type="checkbox"/> Order FDLE
<input type="checkbox"/> Licensing
Additional Check Requested
<input type="checkbox"/> Order FDLE

- Block lettering is preferred. Items marked with (*) below must be completed or research cannot be done.
- Requests are to be e-mailed to (ECA)BSU.org
- BSU will prioritize by due date. If no date given the request will be given a 2 week turnaround date.
- Closure/Staffing/JR /Babysitting/Unsupervised Contact and Other Screenings are not utilized for placement.
- All placement request require fingerprint are done prior to processing. Do not fingerprint parents or children under 18 years old.
- Do not use this form if the subject is being Live Scanned. This form is only used if you are obtaining and submitting hard card fingerprints.
- Considered an emergency only if placement is breaking down and placement is needed within a twenty-four (24) hour period. E-mailed emergency placements must come from supervisor's e-mail address.

*Date: 11/17/2008	*FAHIS/CSA Report # / ICPC#	*CHILDS NAME / DOB /	*Requestor (Name as it appears on e-mail):
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<input type="checkbox"/> Check only if EMERGENCY PLACEMENT BREAKDOWN(24hrs) <small>Supervisor Signature Required for EMERGENCY PLACEMENT BREAKDOWN _____</small>	Provider Agency	*Requestor Phone#:
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****RESULTS NEEDED BY THIS DATE:	*Supervisor Name:
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*Subject Last Name:	*Middle:	*Subject First Name:	*Sex: <input type="checkbox"/> M <input type="checkbox"/> F	*Race:
Maiden Name or Other Names Used:			Relation To Child:	
*Social Security Number(s):	*Date of Birth:	Drivers License Number:	# Years Residing In Florida:	
Current Residence:		Other Address(es) or states lived in:		

*Subject Last Name:	*Middle:	*Subject First Name:	*Sex: <input type="checkbox"/> M <input type="checkbox"/> F	*Race:
Maiden Name or Other Names Used:			Relation To Child:	
*Social Security Number(s):	*Date of Birth:	Drivers License Number:	# Years Residing In Florida:	
Current Residence:		Other Address(es) or states lived in:		

*Subject Last Name:	*Middle:	*Subject First Name:	*Sex: <input type="checkbox"/> M <input type="checkbox"/> F	*Race:
Maiden Name or Other Names Used:			Relation To Child:	
*Social Security Number(s):	*Date of Birth:	Drivers License Number:	# Years Residing In Florida:	
Current Residence:		Other Address(es) or states lived in:		