Spence Chapin

SERVICES TO FAMILIES & CHILDREN

APPLICATION TO PROVIDE INTERIM CHILD CARE

Applicant(s) Legal Name: _____

Individualized support and counseling for birth and expectant parents and families preparing for adoption are hallmarks of our service. Our Interim Care Providers play an essential role in the work of our agency. No job is more important than caring for and providing a safe, stable, and nurturing environment for a child as their biological parents make a plan for the child's future.

The Interim Care Providers care for a newborn baby in their own homes under the guidance and supervision of Spence-Chapin staff. Each Interim Care family is screened and certified by the agency. A baby may remain in care for several days or several weeks. An Interim Care Provider is a person who is dependable, nurturing, committed to making a difference in the life of a child and believes in the mission and values of the agency. Please review volunteer guidelines and frequently asked questions online: www.spence-chapin.org/interim-care.

Applicants have the opportunity to interview with Spence-Chapin staff, and receive training on newborn care, roles and expectations, and other needs of the children. Applications are reviewed weekly at Spence-Chapin by our Child Care Team. You will be contacted with follow up questions and to discuss next steps. The purpose of the application is for Spence-Chapin to get to know each applicant and their interest in the Interim Care Provider program.

Please be as thorough as possible and attach additional pages as needed. Identifying information will be kept confidential and will not be released to anyone other than Spence-Chapin staff or representatives without prior consent.

Questions? Please visit the Spence-Chapin website (www.spence-chapin.org) or call us at 212-360-0217 or email interimcare@spence-chapin.org.

Warm regards,
Spence-Chapin

Applications must be accompanied by supporting documents and photo of applicant(s)
Please mail hard copies of the application and photo to:
Spence-Chapin, Attn: Interim Care Program, 120 E 16th St, 11th Floor, NY, NY 10003

Please email scanned copies with a jpeg photo to:
interimcare@spence-chapin.org

Spence-Chapin promotes equal opportunity for all clients by complying with local, state and federal laws and regulations. We do not exclude, deny applicants, or otherwise discriminate on the basis of race, ancestry, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, citizenship, military service obligation, veteran status or any other basis protected by federal, state or local laws. Our policies and practices are intended to ensure that all clients are treated equally.

Applicant 1	Applicant 2
Name & Pronouns: Last, First, Middle (Maiden, if applicable)	Name & Pronouns: Last, First, Middle (Maiden, if applicable)
Address:	Address:
Email: Phone:	Email: Phone:
Date of Birth: Age: Place of Birth:	Date of Birth: Age: Place of Birth:
Height: Weight:	Height: Weight:
Social Security Number:	Social Security Number:
U.S. Citizenship: Non US citizen, state resident status:	U.S. Citizenship: Non US citizen, state resident status:
Religion:	Religion:
Ethnicity:	Ethnicity:
Gender:	Gender:
Primary Language: Secondary Language:	Primary Language: Secondary Language:
Occupation:	Occupation:
Marital Status:	Marital Status:

Personal Statements

On a separate page, please share your thoughts to the following questions.

1. Please share your reasons for applying to become a interim child care volunteer.
2. Do you have experience as a volunteer?
3. Have you cared for children before? If yes, please share details.
4. Describe the house in which you live (number of bedrooms, layout of home, etc…)
5. Who lives in your home? Please provide age and relationship for all adults and children living in your home. Please provide age and location for children not living at home.

Do you presently have a certificate to board children? ☐ Yes ☐ No. If yes, from whom?

Have you ever boarded children before? ☐ Yes ☐ No. If yes, from whom?

Give three personal references (persons other than relatives who have known you for at least three years):

Name	Telephone & Email	Address	Relationship

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Employment History

Please provide employment history for your current or most recent job. If you work for the military, please note if you could be deployed.

Applicant 1 Applicant 2

Current Employer:	Current Employer:
Position:	Position:
Hire Date:	Hire Date:
Annual Salary:	Annual Salary:

Financial Information

Total Household Annual Income: _____

Substance Use

Applicant 1:
Describe your past and current use of drugs or alcohol, including type of substance and frequency of use.

Have you ever received in-patient or out-patient substance abuse treatment?
☐Yes ☐No Date Began: _____ Ended: _____

Applicant 2:
Describe your past and current use of drugs or alcohol, including type of substance and frequency of use.

Have you ever received in-patient or out-patient substance abuse treatment?
☐Yes ☐No Date Began: _____ Ended: _____

Mental Health Information

Applicant 1: Have you ever been diagnosed with a mental health condition? ☐Yes ☐No
If yes, please list: _____

If yes, are you currently taking prescribed medication for any mental health conditions? ☐Yes ☐No Date began: _____ Ended: _____

If yes, please list medication: _____

Do you have any history of mental health hospitalizations? ☐Yes ☐No

Applicant 2: Have you ever been diagnosed with a mental health condition? ☐Yes ☐No
If yes, please list: _____

If yes, are you currently taking prescribed medication for any mental health conditions?
☐Yes ☐No Date began: _____ Ended: _____

If yes, please list medication: _____

Do you have any history of mental health hospitalizations? ☐Yes ☐No

Medical Health Information

Applicant 1: Do you have any history of hospitalization(s)? ☐Yes ☐No

If yes, please describe nature of hospitalization(s):

Please list all current medical diagnoses:

Applicant 2: Do you have any history of hospitalization(s)? ☐Yes ☐No

If yes, please describe nature of hospitalization(s):

Please list all current medical diagnoses:

Legal History

A past history of investigations, arrests, charges, or convictions may not exclude you from participating in the Interim Care Program. It is important to be forthright as it is necessary for all volunteers will be fingerprinted. Failure to report a legal history can negatively affect your application to volunteer. Expunged charges must also be reported.

1. Have you or any individuals residing in your household ever been charged, arrested and/or convicted for any offenses, infractions, violations or crimes?
   Applicant 1: ☐ Yes ☐ No Applicant 2: ☐ Yes ☐ No
   Other Adults: ☐ Yes ☐ No Other Adults: ☐ Yes ☐ No

2. Have you or any individuals residing in your household ever been investigated, charged, arrested and/or been the subject of a finding of child abuse, child neglect, sexual abuse of a child or domestic violence?
   Applicant 1: ☐ Yes ☐ No Applicant 2: ☐ Yes ☐ No
   Other Adults: ☐ Yes ☐ No Other Adults: ☐ Yes ☐ No

3. Have you or any individuals residing in your household ever been investigated, charged, arrested and/or found guilty of any alcohol or drug-related offenses, infractions, violations or crimes including but not limited to DUI, DWI or DUAI?
   Applicant 1: ☐Yes ☐No Applicant 2: ☐ Yes ☐ No
   Other Adults: ☐ Yes ☐ No Other Adults: ☐ Yes ☐ No

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Confirmation Statement

Name of Applicant(s): _____

I understand and acknowledge that approval and acceptance into the Interim Care Program is a decision made by Spence-Chapin

I understand and acknowledge that Spence-Chapin is not obligated to accept me into the Interim Care Program as a volunteer and will make all decisions based on what is in the children's best interest.

I understand that my volunteer position for the Interim Care Program can be terminated at any time, by Spence-Chapin.

I state that the information presented in this document is true and correct to the best of my knowledge. I understand that acceptance into the Interim Care Program is based upon the status of the program at the time of application, and that the program may close or have no openings for new applicants at any given time.

By signing below, the Applicant understands that wherever his/her electronic signature or a copy of his/her original signature appears throughout this Application, such electronic or copy of his/her signature will have the same legal force and effect as an original signature.

Name of Applicant 1:
Signature:
Date:
Name of Applicant 2:
Signature:
Date: