Application for FAPT/CPMT Parent Representatives Stafford County CSA

Please answer the following questi				
Name:				
Address:				
Phone – Day:		Evening:		
Fax:				
Male: Female:				
1. Are you a parent/foster parent/s	tep-parent?	Yes	No	_
2. Do you have experience with: Special Ed Children	LD	ED	SED	ОНІ
			Juvenile Court System	
Residential Services Community		Based Service	es	
	e working with	these children	:	
Please describe your experience Time Available to Volunteer:				
3. Please describe your experience	Wed:			
3. Please describe your experience 4. Time Available to Volunteer: Mon: Tues:	Wed:			
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6. Please List Volunteer Experience:
7. Please state why you are interested in serving on a FAPT/CPMT Team:
8. Please List 3 References: Name Address Business Years Acquainted 1 2
3
9. Have you ever been convicted of a felony? Yes No If yes, explain:
10. Are you a US Citizen? Yes No
"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted, falsified statements on this application shall be grounds for dismissal.
I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my current and previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result form furnishing the same to you.
I understand there will be a criminal and CPS background check before acceptance for a volunteer position."
Date: Signature: