



Please download the form before completing it.

VOLUNTEER APPLICATION

Mission

A Home Within seeks to heal the trauma of chronic loss experienced by foster children and to improve the foster care system by building positive lasting relationships and continuous connections through direct services, professional training, public awareness, and advocacy.

Vision

A Home Within will be successful when decision-makers in the foster care system recognize the need for- and ensure that foster children have- continuous connections, stable placements, and positive lasting relationships with clinicians, family, other caring adults, and peers.

Operating Principles

- The trauma of chronic loss impedes all aspects of human development.
- Positive and lasting relationships and the ability to trust others are essential for overcoming the adverse effects of chronic loss.
- Communities of supportive peers and mentors provide vital opportunities for personal growth and education for both foster care youth and individuals working with children and families in the system.
- The foster care system benefits from community support that promotes positive interactions to help children build the bonds that are fundamental to the development of secure, emotionally healthy, productive adults.
- Non-government organizations can facilitate systematic change in foster care through model programs, educational outreach and academic research that documents the impact of continuous connections and lasting relationships.
- To ensure the long-term sustainability of A Home Within and to achieve our vision, we must undertake projects and programs that directly relate to our mission and implement them in a fiscally efficient manner with the highest possible impact.

I support the mission of A Home Within. A Home Within or I may revoke this agreement with written notice. In the event that my association with A Home Within comes to an end I agree that the needs of the children and families served by A Home Within will be given highest priority during the transition.

Please complete this form using Adobe Acrobat Reader or preview mode and send it back by email to ahw@ahomewithin.org

VOLUNTEER APPLICATION

First Name*:

Last Name*:

Street Address:

City:

State/Province*:

Zip/Postal Code:

Phone*:

Email*:

DOB: / /

Which position(s) are you applying for?

Volunteer Clinician

Volunteer Consultation Group Leader

Volunteer Clinical Director

Gender Identity:

Cisgender Woman

Cisgender Man

Non-binary

Gender Queer

Transgender Woman

Transgender Man

Agender

Race/Ethnicity:

African-American/Black

Asian

Caucasian/White

Hawaiian/Pacific Islander

Hispanic/Latino

Multiracial

Native American

Jewish

Other

Sexual Orientation:

Straight

Bisexual

Gay/Lesbian

Queer

Other

Languages Spoken:

English

Spanish

American Sign Language

Japanese

Russian

Chinese

Other:

Preferred Pronouns:

;

Please select all that apply*

I am in good standing as a licensed clinician in the state of _____
license # _____, expiration date ____ / ____ / ____

I am working under the license of _____

I have had a criminal background _____

Our insurance requires that all of our clinicians have a criminal background check. If you have not had one, we will run one at no cost to you.

My professional liability carrier is* _____; effective through* ____ / ____ / ____

I agree to notify A Home Within in the event that my license is suspended or revoked and/or of a lapse in my professional liability insurance.*

Areas of expertise:

Child Adolescent Individual Family Testing Other

Age groups preferred:

0-3 3-6 6-11 11-18 18+

Areas of professional interest:

Do you personally have lived experience in foster care?

Session Availability

Please include days and times you are available to see an A Home Within client.

How did you hear about A Home Within?

Friend/Colleague Mailing Workshop/Presentation Professional journal
Email Website Other

LinkedIn profile:

Professional References

Name:

Telephone:

Agency:

Name:

Telephone:

Agency:

Name:

Telephone:

Agency:

Name:

Telephone:

Agency:

Signature:

Date / /

By checking this box, I acknowledge that I'm signing an agreement.

By signing this form, I agree that all of the above statements are true and accurate.

Please attach a copy of your CV, license, and liability insurance.

Once you have filled the form save it and send it
by email to ahw@ahomewithin.org.