



youth service bureau
of La Porte County, Inc.

School Buddies Volunteer Application

Full Name _____ Date _____

Gender _____ Race _____ Birthdate _____

Street Address _____

City _____ State _____ Zip Code _____

If less than 2 years please list previous address: _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Email _____

Current Employer or School (if student) _____

Job title _____

Education Completed: High School _____ College _____ Other (explain) _____

Why do you want to become a School Buddy? _____

Can you meet with a child once a week during the school year? _____

See Page 2 for References.

906 Michigan Ave. • La Porte, IN 46350 • (219) 362-9587 • Fax (219) 324-5024
228 W. Fourth Street • Michigan City, IN 46360 • (219) 879-5151 • Fax (219) 879-5169
www.youthservicebureau.com

A Member of Indiana Youth Services Association

References

References: List the names, phone numbers, and email addresses of the three references that have known you for more than one year. **Please include references that have seen you interact with children.**

1. _____
Name (Family Member or Equivalent)

Home Phone Number Cell Phone Number

Email Address

2. _____
Name (Friend)

Home Phone Number Cell Phone Number

Email Address

3. _____
Name (Employer/Supervisor)

Home Phone Number Cell/Work Phone Number

Email Address

Mentor Agreement

As a volunteer for the School Buddies program, I agree to the following:

- See my Little Buddy only on school grounds, during the school year, during the scheduled time period(s), or at School Buddies supervised match events.
- Adhere to School Buddies guidelines.
- Follow school rules when on school grounds at all time.
- Alert School Buddies staff immediately if a problem arises, if you have any concerns, etc.
- Maintain contact with School Buddies staff by responding to any calls, emails or letters I receive.
- Take part in surveys as a volunteer.
- I hereby consent to a release of information from law enforcement agencies, the criminal justice system, and child protective services to the Youth Service Bureau of La Porte County, Inc. regarding any prior criminal history, arrest record, or child protective services history. I understand that it is necessary to ensure the safety of children I am with.
- I consent to my references releasing information about me.

Signature

Date

Pre-Interview Questionnaire

Prior to your in-person interview, we would like you to answer the questions below. The information you give will help us make a better match for you and assure we can support you during your involvement with our programs.

1. What is your marital status?
 Single Married Divorced Domestic Partner Widow(er)
2. Do you have transportation available to your selected site? Yes No
3. In identifying a youth for you to work with, are there any special considerations you want us to know about?
 No Yes (If yes, we will have you discuss during the in-person interview)
4. Are you experiencing any physical/mental health problems/issues that could affect a match?
 No Yes (If yes, we will have you discuss during the in-person interview)
5. Have you ever been charged, arrested or convicted of a crime, misdemeanor, or felony?
 No Yes (If yes, we will have you discuss during the in-person interview)
6. How long have you lived in this area? _____
7. Do you anticipate any significant life changes over the next year or have you had any in the past year? If so please explain.
 No Yes (If yes, we will have you discuss during the in-person interview)
8. Do you speak any foreign languages? Yes _____ No



APPLICATION FOR CRIMINAL HISTORY BACKGROUND CHECK

State Form 53259 (R6 / 10-14)
DEPARTMENT OF CHILD SERVICES

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record will not be processed without it.

- INSTRUCTIONS:**
- Sections 1 and 2 to be completed by the Department of Child Services (DCS), residential facility, licensed child placing agency (LCPA) or DCS contract agency personnel.
 - Sections 3 through 4 to be completed by the subject of the background check.
 - When the reason for the check is emergency placement within twenty-four (24) hours of completion of the National Name-Based Check by DCS through the Indiana State Police (ISP), a copy of the completed application must be submitted to ISP, Data Operations, via fax at (317) 233-3057.
 - Copies of the completed form may be submitted to the local Law Enforcement Agency (LEA) for completion of this required check. The LEA will complete the bottom of the form and return to the requestor listed in Section 1.
 - Original is to be filed in the appropriate file of the requestor.
 - All fields are mandatory and must be completed.

SECTION 1 – REQUESTING AGENCY INFORMATION

Name of local office or requesting agency Youth Service Bureau of La Porte County, Inc.		Date (month, day, year)
Address (number and street, city, state, and ZIP code) 906 Michigan Avenue, La Porte, IN 46350		
Name of staff member completing this form Stephanie Fleshman, Program Director		
Telephone number (219) 362-9587 x107	Fax number (219) 324-5024	E-mail address schoolbuddies@csinet.net

SECTION 2 – REASON FOR BACKGROUND CHECK (check appropriate box)

1. DCS related placements:	<input type="checkbox"/> a. Emergency placement	<input type="checkbox"/> b. Non-emergency placement	<input type="checkbox"/> 2. Foster family home licensing	<input type="checkbox"/> 3. Adoption
4. Employment:	<input type="checkbox"/> Group home	<input type="checkbox"/> Residential facility	<input type="checkbox"/> LCPA	<input type="checkbox"/> 5. Contractor
			<input checked="" type="checkbox"/> 6. Volunteer / unpaid intern	

SECTION 3 – SUBJECT OF THE BACKGROUND CHECK

Full legal name (first, middle, last)			
Previous names (maiden, alias, previous married, pre-adoptive, nicknames)			
Date of birth (month, day, year)	Social Security Number *	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Current address (number and street, city, state, and ZIP code)			
Home telephone number ()	Cellular number ()	E-mail address	
List all counties / states resided in for past five (5) years, with dates of residence			
Are you 14 – 17 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, fingerprints are not required.</i>			

Pursuant to IC 31-27, I affirm that the answers to the following questions are true:

1. Have you been arrested or convicted of a felony or misdemeanor relating to the health and safety of children that has not been expunged by a court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you been arrested or convicted of a felony or misdemeanor relating to the health and safety of children that has not been expunged by a court while your licensing application was pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have a current protective order filed against you or do you have a protective order filed against someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please explain.

SECTION 4 – TO BE SIGNED BY THE SUBJECT OF THE BACKGROUND CHECK

I hereby consent to a release of information from law enforcement agencies, the criminal justice system, and child protective services to the Indiana Department of Child Services regarding any prior criminal history, arrest record, or child protective services history. I understand that it is necessary to ensure the safety of children placed in my care. This authorization is valid for ninety (90) days from the date of this application. I also affirm, under the penalties of perjury, that the information in Section 3 is true and correct.

Signature	Printed name	Date of application (month, day, year)
Signature of parent, if under eighteen (18) years of age	Printed name	Date of application (month, day, year)

FOR LAW ENFORCEMENT USE ONLY

The law enforcement agency must complete the below information and return this form, along with any record found, to the person listed in Section 1 above.

A search by _____ revealed that there WAS (records attached) WAS NOT a record found.
(name of law enforcement agency)

Signature of person completing check	Printed name of person completing check	Date (month, day, year)
Title	E-mail address	Telephone number ()



INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R7 / 6-18) / CW 2128
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

* **PLEASE NOTE:** This search will be completed and results returned based on the following information provided by the applicant using the Indiana DCS statewide electronic child protective services index database which may return substantiated results from completed assessments ranging from January 1, 1988, through the completed date of the Department of Child Services CPS history check. IC 31-33-26-15

SECTION A - TO BE COMPLETED BY REQUESTING ORGANIZATION

1. Legal first name of applicant		Legal middle name of applicant (If none, indicate "no middle")		Last name of applicant	
2. Reason for history check (check all that apply) *					
<input type="checkbox"/> Foster care <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain) _____					
3. Type of requesting organization					
<input type="checkbox"/> Agency Licensed by Indiana Department of Child Services (insert name of agency) _____ <input type="checkbox"/> Agency Contracted/Subcontracted by Indiana Department of Child Services (insert name of agency) _____ <input type="checkbox"/> Other (insert name of requestor) _____					
4. Name of contact person for organization			5. Telephone number (include area code)		6. Fax number (include area code)
			()		()
7. Mailing address of organization (number and street, city, state, and ZIP code)				8. E-mail address of requestor	

SECTION B - TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE

I hereby consent to a release of information to the above-named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. **This authorization is valid for sixty (60) days from the date of consent below.**

9. Signature of applicant or applicant's legal representative		10. Relationship to applicant		11. Date signed (mm/dd/yyyy)		12. Gender of applicant <input type="checkbox"/> Male <input type="checkbox"/> Female	
13. Typed or printed name of applicant or applicant's legal representative (as signed in #9)			14. Date of birth of applicant (mm/dd/yyyy)		15. Race of applicant		
16. Current residential address of applicant (number and street, city, state, and ZIP code)				17. Last four digits of applicant's Social Security Number (List all numbers ever used.) XXX-XX-_____			
18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary).							
County		Year Began	Year Ended	County		Year Began	Year Ended
Example - XYZ County		02/1992	Current	18c.			
18a.				18d.			
18b.				18e.			
19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime?						If yes, complete 19a through 19e. If no, please stop.	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.							
19a. Maiden name (if ever married) (first, middle, and last name)				19b. Other last name(s)			
19c. Nickname or shortened first name				19d. Pre-adoptive name or other alias name / how used			
19e. Other alias name / how used							

SECTION C - TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete questions 20 - 26.)

20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana?		If yes, was there ever any negative action taken on the foster care application or license?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Minor, Employee, or Volunteer		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.			
21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? *			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
* If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the date of the substantiation approval, and the DCS office that conducted the assessment. All inquiries regarding results must be made directly to the DCS office which completed the investigation. Requests are to be made in writing by the subject of the check or the requesting agency (with appropriate releases) to obtain a copy of the investigation. For the local DCS office contact information, visit www.in.gov/dcs/ and click on Contact Us / Local DCS Offices. If the involvement is the "Central Office," e-mail institutions@dcs.in.gov .			
22. Signature of staff member completing check		23. Title of staff member completing check	
24. Date (mm/dd/yyyy)			
25. Printed name of staff member completing check		26. Indiana Department of Child Service office completing check	
		County Local Office	

LaPorte Police Department
Request For Limited Criminal History Information
(Please print or type all information)

Subject of Request: _____
(Last Name, First Name, Middle Initial)

Sex Race Date of Birth Social Security Number (Address)

Maiden Name (if Applicable): _____

Individual Or Requesting Agency: _____
(Name) Day Time Phone _____

Reason For Request

\$7.00 Mark an (X) in one box below for this request

Check or money order only if this request is mailed unless the requester has an account with the LaPorte Police Department.

- * Has applied for a criminal history check on himself/herself.
- 1. Has applied for employment with a non-criminal justice organization or individual.
- 2. Has applied for a license and criminal history data as required by law to be provided in connection with the license.
- 3. Is a candidate for public office or a public official.
- 4. Is in the process of being apprehended by a law enforcement agency.
- 5. Is placed under arrest for the alleged commission of a crime.
- 6. Has charged that his rights have been abused repeatedly by criminal justice agencies.
- 7. Is the subject of a judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing or probation.
- 8. Has volunteered services that involve contact with, care of, or supervision over a child who is being placed, matched or monitored by a social services agency or a non for profit organization.
- 9. Is being investigated for welfare fraud by an investigator of the division of family and children or a county office of family and children.
- 10. Is being sought by the parent locator service of the child support bureau of the division of family and children, or.
- 11. Has been convicted of any of the following:
 - a. Rape (I.C. 35-42-4-1) or Criminal Deviate Conduct (I.C. 35-42-4-2), if the victim is less than eighteen(18) years of age.
 - b. Child Molesting (I.C. 35-42-4-3).
 - c. Child Exploitation (I.C. 35-42-44 (b.))
 - d. Possession of Child Pornography (I.C. 35-42-44 (c.))
 - e. Vicarious Sexual Gratification (I.C. 35-42-4-5)
 - f. Child Solicitation (I.C. 35-42-4-6).
 - g. Child Seduction (I.C. 35-42-4-7)
 - h. Incest (I.C. 35-46-1-3) if the victim is less than eighteen (18) years of age.

No Fee Mark (X) in one box below for this request:

- 1. Prospective adult volunteer for children (Copy of non-profit status enclosed).
- 2. Home Health Agency (Copy of license has been issued)
- 3. Department of Public Welfare Day Care / Foster Home licensing or licensee.
- 4. Adult Volunteer for a school corporation or non-public school.

\$7.00 Mark an X here for this request:

Juvenile Criminal History Information

In accordance with Indiana Code 5-2-5.1-13, juvenile criminal history may only be released to that individual, their parents, or legal guardian. That information may then be submitted to an employer. To obtain juvenile criminal history information, that individual, their parent, or legal guardian may come into the LaPorte Police Department and must have a picture or the birth certificate and Social Security card of the juvenile.

Warning-Penalty For Misuse

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. Any person who uses limited criminal history for any other purpose not specified in the request commits a Class A Misdemeanor offense.

I affirm, under penalty of perjury, that the limited Criminal History Information requested will be used as specified.

(Signature of Requester and Date)

Cash will only be accepted if this request is made in person and all checks and money orders should be made out to the LaPorte Police Department.