



## Special Education Surrogate Parent Volunteer Application

Please complete all applicable sections and email, mail, or fax the application to the Federation for Children with Special Needs. Contact information for the Federation is located on the bottom of the page.

### Contact Information

Application Date \_\_\_\_\_

Name \_\_\_\_\_  
Prefix First Last Initial

Mailing Address \_\_\_\_\_  
Street City/Town State Zip

Phone \_\_\_\_\_  
Home Cell Work

Email \_\_\_\_\_ Fax \_\_\_\_\_

Contact Preference  Email  Home Phone  Cell Phone  Work Phone

Employer \_\_\_\_\_

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### Training

Have you registered for a mandatory orientation training?\*

Yes (If yes, please enter date and location) Date: \_\_\_\_\_ Location: \_\_\_\_\_

No (If no, please register for one at: <http://fcsn.org/rtsc/orientations/>)

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### Volunteer Information

How did you hear about the SESPP (If other, please be specific)?

Brochure  Poster  E-Mail  Conference  School District

Federation Employee  Federation Training  Current SESP

Federation Newline  EDCO  Other \_\_\_\_\_

Please tell us about your background and/or interest in special education?

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Are you applying to be a Special Education Surrogate Parent for a specific child?  **Yes**  **No**

Are you or your spouse employed by any public or private agency or agencies (including school systems) involved with the care or education of children?  **Yes**  **No** If yes, please describe below.

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Do you speak any languages other than English?  **Yes**  **No** If yes, please list below.

Are you the parent or relative of a child with special needs?  **Yes**  **No**

Would you prefer a match with a child in a particular age group?  Any age  3-6  7-12  13-16  17-22

Would you be willing to serve as an SESP for more than one child at a time?  **Yes**  **No**  **Not Sure**

Please check the type(s) of disabilities in which you have the most interest or experience:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> None              | <input type="checkbox"/> Autism                               | <input type="checkbox"/> Developmental delay |
| <input type="checkbox"/> Intellectual      | <input type="checkbox"/> Sensory (hearing, vision, deafblind) | <input type="checkbox"/> Neurological        |
| <input type="checkbox"/> Emotional         | <input type="checkbox"/> Communication                        | <input type="checkbox"/> Physical            |
| <input type="checkbox"/> Specific learning | <input type="checkbox"/> Health                               |  |

Please list the names of cities/towns where you are willing to volunteer.

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

There are certain areas of the state where there is consistently a high need for SESP. Please include if you are willing to help a child in need in any of the following towns:

- |                                     |                                     |                                      |
|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Attleboro  | <input type="checkbox"/> Greenfield | <input type="checkbox"/> Pittsfield  |
| <input type="checkbox"/> Barre      | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Rutland     |
| <input type="checkbox"/> Fall River | <input type="checkbox"/> Lawrence   | <input type="checkbox"/> Springfield |
| <input type="checkbox"/> Fitchburg  | <input type="checkbox"/> Methuen    |                                      |



Is there any other information about yourself that you want to provide for this application? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

Please provide two people as references:

Reference #1

\_\_\_\_\_

Name

\_\_\_\_\_

Street

\_\_\_\_\_

City/State/ Zip

\_\_\_\_\_

Email

\_\_\_\_\_

Phone

\_\_\_\_\_

Employer

Reference #2

\_\_\_\_\_

Name

\_\_\_\_\_

Street

\_\_\_\_\_

City/State/ Zip

\_\_\_\_\_

Email

\_\_\_\_\_

Phone

\_\_\_\_\_

Employer

**Volunteer Agreement**

I hereby grant permission to the Department of Elementary and Secondary Education and its contractors (the EDCO Collaborative and the Federation for Children with Special Needs) to check my references. In order to serve as a Special Education Surrogate Parent, I understand that I will also be required to consent to a Criminal Offender Record Information (CORI) check that must be repeated every three years. I understand that my application does not guarantee my appointment as a volunteer Special Education Surrogate Parent. I also understand that I must receive training, as requested, to be appointed as a Special Education Surrogate Parent. If appointed, I will protect the confidentiality of all information regarding students I represent in special education matters.

Signature \_\_\_\_\_ Date \_\_\_\_\_