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 _________________________________________________________________

Are you a Visiting Resource applying to be a Special Education Surrogate parent for a specific child?  
□ No  □ Yes (not common)  If Yes, enter the child's initials here ___________  The SESP Program will be contacting you to facilitate the processing of your CORI.

How would you best describe your role/profession? (Select all that apply)

□ Parent  □ Attorney  □ Educator  □ Clinician  □ Education Administrator  □ Other

Please indicate your ethnicity:

□ Caucasian/White  □ Hispanic/Latino  □ African American/Black  □ Asian/Pacific Islander  
□ Native American/American Indian/Alaskan Native  □ Undisclosed

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/)

Volunteer Information

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

□ Brochure/Flyer  □ Federation Conference  □ RTSC Making a Difference Conference

□ EDCO  □ E-Mail  □ Federation Employee  □ Federation Newsline

□ Federation Training  □ PCTI  □ Other ___________________________

□ Current SESP (please specify):______________________  □ School District (Name):__________________
Please tell us about your background and/or interest in special education?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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.
____________________________________________________________________________

Do you speak any languages other than English?  □ Yes  □ No
specify________________________

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:

□ None  □ Autism  □ Developmental delay
□ Intellectual  □ Sensory (hearing, vision, deafblind)  □ Neurological
□ Emotional  □ Communication  □ Physical
□ Specific learning  □ 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 SESPs. Please include if you are willing to help a child in need in any of the following towns:

□ Attleboro  □ Greenfield  □ Pittsfield
□ Barre  □ Lancaster  □ Rutland
□ Fall River  □ Lawrence  □ Springfield
□ Fitchburg  □ Methuen
Is there any other information about yourself that you want to provide for this application?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

References
Please list at least three people who know you personally or professionally and include contact information. A reference check is required for all potential volunteers:

Reference #1

Name

Email

Phone

Employer

Best Time to Contact

Reference #2

Name

Email

Phone

Employer

Best Time to Contact

Reference #3

Name

Email

Phone

Employer

Best Time to Contact

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 ____________

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(617) 236-7210 * Fax (617) 241-0330 * In-state toll free (800) 331-0688 * www.fcsn.org/rtsc * mailto:rtsc@ftsc.org