



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 Newslite

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:

- | | | |
|--|---|--|
| <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 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 _____