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

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:

1. *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.*
2. *Sections 3 through 4 to be completed by the subject of the background check.*
3. *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.*
4. *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.*
5. *Original is to be filed in the appropriate file of the requestor.*
6. ***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: Gretchen Kubit, 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: ☐ a. Emergency placement ☐ b. Non-emergency placement ☐ 2. Foster family home licensing ☐ 3. Adoption

4. Employment: ☐ Group home ☐ Residential facility ☐ LCPA ☐ 5. Contractor ☑ 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: ☐ Male ☐ 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? ☐ Yes ☐ No *If yes, fingerprints are not required.*

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? ☐ Yes ☐ 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? ☐ Yes ☐ No
3. Do you have a current protective order filed against you or do you have a protective order filed against someone else? ☐ Yes ☐ 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 _____ *(name of law enforcement agency)* revealed that there ☐ WAS (records attached) ☐ WAS NOT a record found.

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

Information needed for YSB-School Buddies to complete the required Indiana State Child Protections Services background check

Volunteer Information

Name_____Email_____

Current Address (including county)_____

Phone Number_____ SSN_____Race_____

Gender at Birth _____ Has your gender identity changed since birth? Yes or No

Has this volunteer ever used any other names (first, middle or last)? (Example-maiden name, name change) Yes or No If so, please list. _____

Please list locations of residences dating back to either January 1, 1988 or Date of Birth, whichever is the most recent.

Example: If your Date of Birth is 6/5/1995, enter your past city/state dating back to June 1995

Example: If your Date of Birth is 3/16/1963, enter your past city/state dating back to January 1988

	Date Moved In	Date Moved out	City	State
1.				
2.				
3.				

If Applicant is a minor, a parent should receive all emails to confirm information provided.

Parent's Name_____Email_____

The email provided will receive TWO emails from KidsTrak/Indiana DCS. One email will contain password information and the other email will provide a link to verify the applicant's information. Please respond promptly!

Thank you!

-Gretchen Kubit, School Buddies Program Director

219-362-9587 X107 or schoolbuddies@csinet.net