SOLACE *for* the children

Host Family Application

Thank you for opening your hearts and home to a child in need. Complete information is required of all families desiring to host children. Your information will be held in confidence. If you have questions, please contact the Coordinator of your local branch of Solace.

Information on Adult(s) in Household

1. Full Legal Name _____ Date of Birth _____

Occupation _____ Employer _____

Street Address _____

Email Address _____ Skype ID _____

Cell Phone _____ Home Phone _____

I authorize Solace for the Children to obtain a criminal record check on me. I authorize all state, federal and local law enforcement agencies to release to Solace for the Children any information they maintain in their records about me, and I release the law enforcement agencies, Solace for the Children, and the individuals receiving the information from any liability resulting from such disclosures.

_____ _____

Signature *Date*

2. Full Legal Name _____ Date of Birth _____

Occupation _____ Employer _____

Street Address – if different _____

Email Address _____ Skype ID _____

Cell Phone _____ Home Phone – if different _____

I authorize Solace for the Children to obtain a criminal record check on me. I authorize all state, federal and local law enforcement agencies to release to Solace for the Children any information they maintain in their records about me, and I release the law enforcement agencies, Solace for the Children, and the individuals receiving the information from any liability resulting from such disclosures.

_____ _____

Signature *Date*

Please List Others in Your Household

Name	Relation	Date of Birth (M/D/Y)

Does any resident of your home have a criminal record or case pending involving the Department of Social Services? _____
Please note: Anyone 18 or over staying in this home with the visiting child will be subject to a criminal background check.

Continued…

Applicant Family Name _____

References

Please provide the name, phone numbers and email address of two individuals who are not members of your family, but who have firsthand knowledge of your family professionally and/or personally.

1. Name _____

   Phone _____ Email _____

2. Name _____

   Phone _____ Email _____

Solace Hosting Preference -

- ❑ We would like to host a first-time visiting child. ❍Summer Program ❍Extended Program
  - ❍ boy of ❍ 7 to 10 or ❍ 9 to 12
  - ❍ girl of ❍ 7 to 10 or ❍ 9 to 12
- ❑ We would like to host an interpreter – usually a young adult between the ages of 18 and 25
- ❑ We would like to host this returning child: _____

While Solace can never guarantee the age or gender of the child assigned to a host family, preferences are considered.

- If you are hosting a child, will there be adult supervision for the child at all times? _____
- Do you have at least $300,000 in liability insurance with your homeowner policy? _____
- Are you free to attend weekly group activities and transport child to all medical appointments? _____
- Why do you want to host with Solace for the Children?

  _____

  _____

While Solace Host Families are not required to pay a hosting fee, we do want to encourage each of you to strengthen this much needed mission! Please review the suggestions below and check each way you can help as together we build peace on a foundation of health! Your gifts make a huge difference!

- ❑ Direct tax deductible donation. Enclosed $_____ or donate online at www.s4tc.org
- ❑ Invite my faith and community organizations to offer financial support
- ❑ Volunteer to coordinate a community fundraiser
- ❑ Invite my friends and family to offer financial support through a letter writing campaign
- ❑ Volunteer to participate in community fundraising events
- ❑ Matching Gift through my Employer

Submit completed application to the Coordinator of your local Solace for the Children Branch, with the following:

- ❑ copy of current driver's license for all licensed drivers in the household
- ❑ $15 application processing fee
- ❑ $20 per person 18 years or older for background check - ____ background checks X $20 = $_____

Application fee + background check expense = total submitted $_____ (Check payable to Solace for the Children or PayPal available through website: www.solaceforthechildren.org - note name of Solace Community, your family name and reason fees)

Please submit your completed application along with the application fee:

Solace for the Children
PO Box 5129
Mooresville, NC 28117