

SOUTHWEST SPECIAL EDUCATION LOCAL PLAN AREA  
SURROGATE PARENT APPLICATION

Please Return to:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY		
Student:	Date of Application:	
LEA:	Date Volunteer Placed:	
SKIN TEST/X-RAY & FINGERPRINTS		
TB Test:	Date:	
Fingerprinted:	Date:	CASA:

*Read carefully and fill in completely. Print or type.*

Last Name	First Name	Age
Address (street, city, zip)		Home Phone
		Cell/Work Phone

**EDUCATION AND EXPERIENCE**

Grade Level Completed: _____	Volunteer Experience: _____
Employed at: _____	Work Experience: _____
Language Spoken: _____	Sign Language Skills: _____

**PLACEMENT PREFERENCES**

<p><b><u>I Can Serve</u></b></p> <p><input type="checkbox"/> Where needed</p> <p><input type="checkbox"/> Near home</p> <p><input type="checkbox"/> Morning</p> <p><input type="checkbox"/> Afternoon</p> <p><b><u>Grade level preferred:</u></b></p> <p><input type="checkbox"/> Preschool</p> <p><input type="checkbox"/> Elementary</p> <p><input type="checkbox"/> Middle School</p> <p><input type="checkbox"/> High School</p>	<p><b><u>Means of Transportation</u></b></p> <p><input type="checkbox"/> Have a car</p> <p><input type="checkbox"/> Use Freeways</p> <p><input type="checkbox"/> Other _____</p> <p><b><u>Disability/Special Needs Preference</u></b></p> <p><input type="checkbox"/> Learning Disability</p> <p><input type="checkbox"/> Speech/Language</p> <p><b><u>I heard about the Surrogate Parent Program from</u></b></p> <p><input type="checkbox"/> Flyer/Brochure</p> <p><input type="checkbox"/> Volunteer Organization</p>	<p><input type="checkbox"/> Use surface streets only</p> <p><input type="checkbox"/> Use bus only</p> <p><input type="checkbox"/> Severe Handicap</p> <p><input type="checkbox"/> Low Incidence Disability</p> <p><input type="checkbox"/> Newspaper</p> <p><input type="checkbox"/> Other _____</p>
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**IN CASE OF EMERGENCY, PLEASE NOTIFY**

Name	Address	Phone
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Two References (not related)

1. Name: _____	Phone: _____
2. Name: _____	Phone: _____

**CERTIFICATION**

to protect the good health of students, the California State Board of Education requires that all school volunteers and employees be tested for possible exposure to tuberculosis every four years. Volunteers may be tested by their own physician, or a County Health Center.

I certify that all of the statements made on this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that I may be fingerprinted and investigated prior to appointment.

SIGNATURE OF APPLICANT (SIGN IN INK)	DATE SIGNED
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