



The Tennessee Advocacy & Mentorship Program

ADVOCATE APPLICATION

Applicant's Name _____ Date: _____

Spouse Name: _____

Address _____

County _____ Zip: _____

Home Phone: _____ E-mail: _____

Place of Employment: _____

Employment Address: _____

Work Phone Number: _____

DCS Approved Resource Home? Yes _____ No _____ How Many Years? _____

Number of Children Presently in Home? _____ Total Number Fostered? _____

Adoptive Parent? Yes _____ No _____ If Yes, How Many Children? _____

Are You a Path Trained Resource Parent? Yes _____ No _____

Have you and/or your spouse been fingerprinted with results in your DCS file?

Yes _____ No _____

Did you have Fifteen Hours In-service Training Last Year? Yes _____ No _____

Regional Administrator's Name: _____

Phone Number: _____ County: _____

Is a Letter of Recommendation from your Regional Administrator attached?

Yes _____ No _____ (*This is a requirement; must be attached to application)

Are you and/or your spouse (if applicable) members of the Tennessee Foster Adoptive Care Association? Yes _____ No _____

What experience have you had in communicating with other Resource Parents that you feel will help you to serve as an effective Advocate in this program?

Are you willing to abide by the rules and guidelines as set forth by Advocacy Advisory Committee and to receive 15 hours of pre-service training for the Advocacy Program and 15 hours in-service training per year as long as you remain an Advocate?

Yes _____ No _____

Do you understand that should your home be closed or family fails to comply with DCS requirements for recertification (i.e. 15 hours continuing education per year, etc) that you will be unable to continue as an Advocate? Yes _____ No _____

As detailed in the rules and guidelines of the Advocacy Program and the Foster Parent Bill of Rights, are you willing to travel as needed within your region?

Yes _____ No _____

Please state the reasons why you wish to participate in the Tennessee Advocacy Program:

Do you understand that failure to abide by the rules and guidelines as established by the Advocacy Advisory Committee will result in dismissal from the program?

Yes _____ No _____

Do you understand that failure to keep and provide current records of Advocate activities and Resource Parent concerns will result in dismissal from the program by the Advocacy Advisory Committee?

Yes _____ No _____

Please provide two additional letters of recommendation from the following:

1. Fellow Resource Parent
2. An individual who has known you for at least two years or longer

Please return this application via email or fax to the TNCSA Program Director:

Jennifer McGhee

Jennifer.mcghee@tncsa.com

865-314-9422-cell
865-966-6748 - fax

If there are any questions concerning the application, please feel free to contact the Program Director

Signature: _____ Date: _____