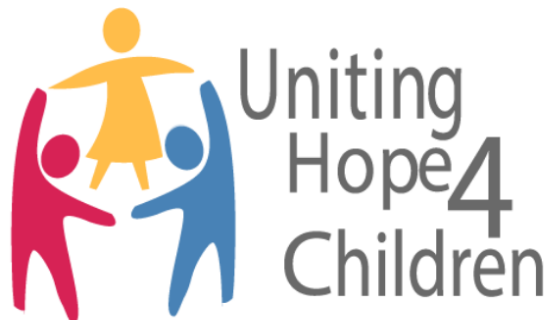
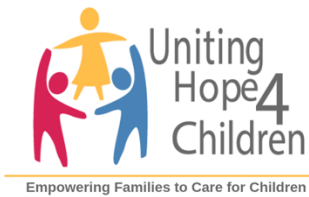


# Volunteer Babysitter Packet



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Empowering Families to Care for Children



# Volunteer Babysitter Packet

Thank you for your interest in providing support for UH4C families! Babysitters are valuable members of the foster care support team. In this packet you will find the information needed in order to obtain approval to babysit. Please note that all babysitters must be at least 18 years of age.

Listed below are the forms you will find in this packet:

- Babysitter Application: If someone else in your household wishes to be approved, they can be listed as the secondary caregiver.
- UH4C Safety Agreement
- Form 316- Unreimbursed Caregiver: If you wish to approve a secondary caregiver, please ensure both names are listed on this form.
- Child Abuse Screening Request Information: One form must be completed for EACH caregiver. This form must be typed (except for the signature). If you need an editable version, email [compliance@uh4c.org](mailto:compliance@uh4c.org)
- Character Reference: One character reference is needed per caregiver.

In addition to these forms please provide the following with your babysitter packet:

- Proof of CPR certification
- Valid Driver's License

Once you have completed the packet, you can drop it off at our office, send via mail, or email it. Contact information is listed below. If you have any questions, please do not hesitate to ask!

Uniting Hope 4 Children  
1949 Highway 81 STE 300  
Loganville, GA 30052

UH4C Compliance  
678-585-4686  
[compliance@uh4c.org](mailto:compliance@uh4c.org)



# Babysitter Application

Primary Caregiver \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_ Tag # \_\_\_\_\_

Secondary Caregiver \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_ DOB \_\_\_\_\_

Secondary Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_ Tag # \_\_\_\_\_

Religion/Church Affiliation \_\_\_\_\_

Name of family you wish to help with babysitting: \_\_\_\_\_

# Child Safety Agreement

**This form contains information about the safety of the safety resourced or placed children in your care by DFCS and UH4C. Your initials and signature indicate your acknowledgement that you are in agreement with the safety requirements as stated below.**

***Animal Safety-As children are the primary victims of animal bites, (I/we) agree to comply with the following mandates listed below to assure the safety of any child placed in (my/our home):***

- Provide close supervision of children when around animals.
- Refrain from keeping dangerous or aggressive dogs, or other pets, in the home, unless properly secured with a leash, fence or cage, etc. (as discussed in the Foster Parent Manual)
- Notify UH4C immediately if any dog attacks a child placed in your home.

Caregivers(s) Initial  
Below

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***Gun Safety-Firearms take the lives of thousands of children each year. To prevent the accidental death of any child placed in (my/our) home, (I/we) agree to the following mandates:***

- Inform UH4C of the presence of firearms in (my/our) home, now or at any time in the future.
- Secure all firearms in (my/our) home.
- Keep all firearms unloaded and out of the view and reach of children in the home.
- Never allow children placed in the home to handle guns.

Caregivers(s) Initial  
Below

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***Motor Vehicle Safety- Motor vehicle accidents are the leading causes of death for children of all races, ages 5-14, according to national statistics. To ensure the safety of children placed in (my/our) care, (I/we) agree to adhere to the following safety precautions while riding or driving motorized vehicles:***

- Secure children under age 8 in a federally approved child safety restraint seat, that is properly installed according to the manufacturer's instructions.
- Secure children 8 years and older in the rear seat of the vehicle with federally approved and properly installed safety seat belts.
- Refrain from transporting children/youth under 18 years of age in the bed of a pickup truck at any time. Children must always be properly secured with safety seat belts.
- Consult with the Case Manager prior to allowing a child to ride as a passenger or driver on any of the following: automobile (as driver only); motorcycle; motorbike; all terrain vehicles; small, high-speed water craft and other similarly motorized vehicles.

Caregivers(s) Initial  
Below

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***Supervision- Children are required to be supervised by appropriate adult caretakers at all times. In keeping with this requirement, (I/we) agree to adhere to the following:***

- Provide appropriate adult supervision for the children in my care at all times.
- Refrain from leaving children placed in my care in the supervision of minors.
- Refrain from leaving children unattended in a motor vehicle.
- Refrain from leaving children in the care of unauthorized adult caretakers. Any substitute caretaker should have the agency's approval.
- Obtain approval from the agency prior to leaving older children unsupervised.

Caregivers(s) Initial  
Below

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<p><b>*Water Safety-</b> According to the recent statistics, drowning ranks highest among the causes of accidental deaths for children and youth 0-24. Caregivers whose primary or alternate place of residence is equipped with an in-ground /above ground swimming pool are required to take extra safety precautions. To ensure the safety of children in our home, (I/we) agree to the following water safety guidelines:</p> <ul style="list-style-type: none"> <li>• Inform UH4C immediately if/when our home fits the above criteria.</li> <li>• Know or learn how to swim.</li> <li>• Hold a current certificate in CPR or First Aid.*</li> <li>• Ensure direct adult supervision of children when around bodies of water.</li> <li>• Ensure the compliance with any local or state ordinances regarding pools or waterfront property.</li> <li>• Obtain the approval of UH4C staff prior to allowing any child to ride or operate any watercraft.</li> </ul> <p><b>* Note:</b> Homes with ponds, or homes located on waterfront property, are required to employ substantive safety measures to ensure the protection of children in the home.</p>	<p>Caregiver(s) Initial Below</p> <p>_____</p>
<p><b>Discipline Policy-</b> DHR/DFCS policy prohibits the use of corporal or unusual punishment on a child in its custody. Children removed from their parents or other caretakers due to neglect or abuse must be disciplined in ways that do not perpetuate the physical and emotional pain experienced as a result of past inappropriate parenting practices. To ensure the safety and well-being of the children placed in (my/our) home, (I/we) agree to the following:</p> <ul style="list-style-type: none"> <li>• Refrain from the use of any corporal or unusual punishment on a child placed in (my/our) home, including, but not limited to the following: <u>spanking, slapping, switching, shaking, pinching, biting, twisting, or pulling; tying with rope, withholding food, force feeding, denying mail; denying appropriate contacts with family, denying contact with worker; degrading child or child's family, or humiliating child; creating fear, anger and anxiety, locking child in a room, closet or outside the home; group punishment or delegating older children to administer punishment; destroying the child's property and any other practices which may physically or emotionally damage the child.</u></li> <li>• When managing children's behavior, use the suggested alternative methods (or other effective means of discipline) made available by UH4C</li> <li>• Seek on-going information/training to build and enhance (my/our) child behavioral management skills.</li> <li>• Immediately inform the agency of the need for assistance in managing the behavior of any child placed in (my/our) home.</li> </ul> <p><b>*Note:</b> Decisions made regarding the violation of policy or Child Protective Services are not grievable. Substantiation of the abuse/neglect of children placed in your home is appealable if you or your significant other are the perpetrator.</p>	<p>Caregiver(s) Initial Below</p> <p>_____</p>
<p><b>Social Media Policy-</b>To protect and ensure the dignity of children, the safety of families, and the well-being of all involved in the foster care process, no pictures or videos of foster children shall be on Facebook, Instagram, Snapchat, Twitter or any other web based site. Volunteers shall do all they can to protect the dignity of the foster children. Children should never be made to feel advertised or marketed.</p>	<p>Caregiver(s) Initial Below</p> <p>_____</p>

**Note:** This Child Safety Agreement is reviewed with the relative caregivers at the time of the initial placement and yearly at the time of the re-evaluation or prior to a child residing with a safety resource. Both caretakers are required to initial and sign as indicated.

\_\_\_\_\_  
Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Supervisor

\_\_\_\_\_  
Date

## Unreimbursed Routine Substitute In-Home/Out-of-Home Caregivers

This form is used to document routine substitute caregivers. The foster parent provides or arranges for care and supervision appropriate to the child's age, level of development and individual needs. A plan is established by the foster parent for the care and supervision of the child, as needed, by a *competent and reliable adult* in their absence due to *employment, training, or for personal situations*.

Foster Parent Name: \_\_\_\_\_ County: \_\_\_\_\_

Substitute Caregiver (SC) Name: \_\_\_\_\_

SC Address: \_\_\_\_\_ SC Zip Code: \_\_\_\_\_

SC Phone Number: \_\_\_\_\_ SC Cell Number: \_\_\_\_\_

SC Maiden or Previously Used Name: \_\_\_\_\_

Case Manager: \_\_\_\_\_

*Review Form 29, DFCS Safety Agreement and any additional supervision, safety and discipline guidelines with the substitute caregiver. Ensure that two copies are signed. (Copy 1 to the SC; Copy 2 to DFCS Case Manager)*

### **Completed by the Substitute Caregiver:**

*Sign below to indicate your agreement to follow the supervision, safety and discipline standards as outlined in Form 29 and as instructed by the foster parent.*

*I agree to follow the supervision, safety and discipline standards as outlined in DFCS Form 29 and instructed by the foster parent.*

*I do **not** agree to follow the supervision, safety and discipline standards as outlined in DFCS Form 29 and instructed by the foster parent. Therefore, I understand that I cannot be a substitute caregiver.*

\_\_\_\_\_  
**Unreimbursed Substitute Caregiver Signature**

\_\_\_\_\_  
**Date**

***Forward completed form and 1 signed copy of Form 29 to the case manager who will complete the CPS, Sexual Offender's, Pardons and Parole and Department of Corrections screenings.***

### ***Internal DFCS Use Only:***

CPS Screening Completed  Department of Corrections Screening Completed  
 Sexual Offender's Registry Screening Completed  Pardons and Parole Screening Completed

All screenings are negative for the unreimbursed substitute caregiver listed above.

Other \_\_\_\_\_

\_\_\_\_\_  
Completed by: \_\_\_\_\_ Date: \_\_\_\_\_



## CHILD ABUSE SCREENING REQUEST INFORMATION

This form is to request a screening to check for Child Protective Services history.

**All information except the signature must be typed**

### AGENCY REQUESTING SCREENING INFORMATION

NAME	TEL #	EMAIL
NAME OF AGENCY	STREET ADDRESS	CITY/STATE/ZIP CODE

**INFORMATION ON PERSON TO BE SCREENED** ADDRESSES MUST GO BACK FIVE YEARS NO GAPS (PLEASE USE MONTH/YEAR FORMAT FOR ALL ADDRESSES) IF PREVIOUSLY SERVED IN THE MILITARY WITHIN THE PAST FIVE YEARS, PLEASE ANSWER THE MILITARY QUESTIONS LISTED BELOW

FIRST NAME	MIDDLE NAME ONLY (NOT MAIDEN NAME)	LAST NAME
MAIDEN NAME	OTHER NAMES USED IN THE PAST	<b>PREVIOUSLY IN THE MILITARY?</b>
DATE OF BIRTH	SOCIAL SECURITY NUMBER	<b>LIST MILITARY BASE</b>
CURRENT ADDRESS	CITY/STATE/ZIP CODE	<b>LIST AS MONTH/YEAR-CURRENT</b>
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR

**CURRENT HOUSEHOLD MEMBERS ONLY** (To be completed by Foster Care/Adoptions applicants ONLY. PLEASE ENSURE TO LIST THE RELATIONSHIP FOR ALL HOUSEHOLD MEMBERS)

NAME OF HOUSEHOLD MEMBER	RELATIONSHIP	DATE OF BIRTH	SSN #	GENDER	PREVIOUS STATE(S)	DATE



## CHILD ABUSE SCREENING REQUEST INFORMATION

IN ORDER TO VERIFY THAT YOU ARE THE REQUESTING AGENCY, PLEASE SUBMIT A WRITTEN REQUEST ON AGENCY LETTERHEAD ALONG WITH THIS FORM TO THE GEORGIA CHILD PROTECTIVE SERVICES EMAIL

ORIGINAL SIGNATURE OF APPLICANT	DATE
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Empowering Families to Care for Children

# CHARACTER REFERENCE FORM

The applicant below would like to be accepted by Uniting Hope 4 Children for the purpose of being a volunteer. If accepted, she/he will spend time supporting our clients in various activities. You will be contacted by our organization to confirm this reference.

1. Name of applicant: \_\_\_\_\_

## Reference Information:

2. Name of reference: \_\_\_\_\_

3. Day Time Telephone: \_\_\_\_\_ 4. Evening Time Telephone: \_\_\_\_\_

5. Address:

\_\_\_\_\_  
\_\_\_\_\_

I confirm that the information below is true and correct.

Signature of the Reference: \_\_\_\_\_ Date: \_\_\_\_\_

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6. How long have you known the applicant? \_\_\_\_\_

7. How do you know the applicant? (Example: employer, neighbor, friend etc.)

\_\_\_\_\_

8. Please check the most appropriate box regarding applicant's abilities:

Abilities	Excellent	Very Good	Good	Poor	Don't Know
Communication Skills					
Work Quality					
Attitude					
Reliability					
Maturity					
Helpfulness					
Ability to work with others					

9. Please describe why you think the applicant would be suitable for UH4C.

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10. Please provide any additional comments about the applicant's character:

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**Additional Comments:**

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