



Guide Application

*Thank you for your interest in becoming a Wonder Guide.
The information you provide will be kept strictly confidential.*

Personal Information

Name: _____
First
Middle
Last

Address: _____
Street
City
State
Zip Code

How long have you lived at this address? _____ If less than 2 years, how long at previous address? _____

Phone number: _____ Best time to contact you: _____

Cell phone number: _____ Email: _____

Birthday: _____ Age: _____ Social security number: _____

Origin: African-American/Asian/Caucasian/Latino/Native American/Pacific Islander/Other _____
 (Circle all that apply)

Divorced/Married/Partnered/Separated/Single/Widow _____ Do you have any children? Yes No
 (Circle all that apply)

If yes, list names and ages: _____

How did you hear about Wonder? _____

Driver's License #: _____ State: _____

****Please attach a copy of insurance policy (declarations page) and driver's license with this application.***

Employment Information

Employer: _____ Job Title: _____

Address: _____
Street
City
State
Zip Code

How long employed with current employer? _____ How long employed with previous employer? _____

Can you be contacted at work? _____ When is the best time to call? _____

Phone number: _____ Email: _____

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Education (Check all that apply)

_____ High school diploma (name of high school)/GED _____

_____ Some college (name of college or university) _____

_____ A.A. degree (name of community college & degree) _____

_____ 4-year college degree (name of college & degree) _____

_____ Some graduate school (name of grad school) _____

_____ Graduate degree (name of grad school & degree) _____

Lifestyle

1. Do you feel you can spend about 2-3 hours a week with a child for 12 months? Yes No
2. Do you smoke cigarettes? Yes No
3. Are you currently involved in volunteer work? Yes No (If yes, please describe.)
4. What are your interests/hobbies/activities?
5. Do you anticipate any changes during the next year in the following areas:
 - a. Anticipated changes at work: Yes No (If yes, describe and list date.)
 - b. Anticipated changes in personal life (marriage, etc.): Yes No (If yes, describe and list date.)
 - c. Anticipated changes in residence: Yes No (If yes, describe and list date.)

Background Information

1. Have you ever been:

a. Arrested for a crime?	Yes	No
b. Arrested for a crime against a child?	Yes	No
c. Arrested for a violent felony?	Yes	No
d. Arrested for a sex crime?	Yes	No
2. If you answered "yes" to a, b, c, or d above, can you produce a written declaration of a "Finding of Factual Innocence" as described in California Penal Code, Section 851.8 et.seq.? Yes No
3. Have you been convicted of any crime within the past 5 years of this date (including vehicular misdemeanors or felonies but not vehicle code infractions?) Yes No
4. Are you currently undergoing prosecution for any crime (including vehicular misdemeanors or felonies but not vehicle code infractions?) Yes No
5. Have you ever been convicted of any crime not mentioned above? Yes No

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Personal References

Please provide us contact information for three personal references (include at least one local reference) that have known you for at least two years and can vouch for your reputation and character. Please do not list relatives. Each person listed will receive a form to complete and return to us. Please print clearly and include a full mailing address.

Reference #1

Name (Mr./Mrs./Ms./Dr.)

Address

City State Zip Code

Home Telephone Business Telephone

Reference #2

Name (Mr./Mrs./Ms./Dr.)

Address

City State Zip Code

Home Telephone Business Telephone

Reference #3

Name (Mr./Mrs./Ms./Dr.)

Address

City State Zip Code

Home Telephone Business Telephone

Agreement

As an applicant to be a Wonder Guide, I agree to:

1. to be cleared as an individual fingerprinted through Community Care Licensing, which conducts a routine background check with the appropriate authorities including being fingerprinted and a Department of Motor Vehicles records check. _____ Initials
2. upon successful completion of the screening and training, serve as a Wonder Guide for at least one year. _____ Initials
3. participate in on-going supervision and educational meetings including submitting monthly logs and other required paperwork. _____ Initials
4. maintain confidentiality. _____ Initials

I understand and agree that by submitting this application, I authorize Wonder, a program of Sierra Forever Families, to make inquiries regarding my suitability as a Wonder Guide. Any information obtained will be used only for the purpose of determining my suitability as a Wonder Guide. No individual will be rejected because of race, color, religion, national origin, age, gender, sexual orientation, or marital status. Falsifying and/or knowingly misrepresenting any information in this application are grounds for denying an applicant or dismissal of the Guide.

I understand that after successfully completing my training, I will be expected to serve approximately 10 hours per month for at least one year as a Wonder Guide. If unforeseen circumstances prevent me from fulfilling this obligation, I will notify Wonder in writing.

Signature of Applicant

Date

Name of Applicant (please print)

Please return application with a copy of your driver's license and declaration page of auto insurance policy to:

Wonder
a program of Sierra Forever Families
8928 Volunteer Lane, Suite 100
Sacramento, CA 95826
Fax 916.368.5157

Questions?
Please call 916.290.1206

Thank you!

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