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| **Educational Surrogate Parent****Volunteer Application** |

If you are applying to be a surrogate for *only one specific child*, please fill out the Specific Child Only Educational Surrogate Parent Application, available on the Maine Department of Education website.

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| Name:  | Mailing Address:  |
| DOB:  | City:  |
| Phone:  | Home Email:  |
| Alternate Phone:  | Alternate Email:  |
| Employer:  | How do you prefer to be contacted? [ ]  Email [ ]  Phone [ ]  Text |
|  |
| Please list your experiences and/or education which may be helpful in your role as an educational surrogate parent. |
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| Do you have any preferences regarding the child’s location, type of disability, age, gender, minority group? [ ]  No [ ]  Yes - Please specify  |
|  |
| **Please list three references that can speak to your character and abilities to fulfill the position.** |
| Name | Email | Phone | Relationship |
|   |   |   |   |
|   |   |   |   |
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Maine Educational Surrogate Parent Confidentiality Agreement

I agree to have access to relevant educational records with an understanding of the confidentiality of materials. Under no circumstances shall I duplicate, disseminate or verbalize to unauthorized persons any information regarding the child/student I represent.

I fully understand that access to these records and knowledge of the material is only for the purpose of implementing and maintaining a child/student’s Individualized Family Services Plan (IFSP) or Individualized Education Program (IEP). I understand that every citizen has the right to privacy. I understand that the educational records are to be considered personal and private, and should, in no way, be used in a prejudicial or judgmental manner.

Date:

Signature:

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| **Do you know of anyone else that may be interested in volunteering to be an educational surrogate parent?** |
| Name | Email | Phone | Relationship |
|   |   |  |  |
|   |   |  |  |
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**Please return to:**

Email: sarah.ferguson@maine.gov

Fax: (207) 624-6683

Mail:

Maine Department of Education

Surrogate Parent Program

23 State House Station

Augusta, ME 04333-0023

Contact – Sarah Ferguson

 207 592-6498

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| FOR OFFICE USE ONLY | Received:  | SURROGATE PARENT ID:  |
| Reference Check 1:  | Reference Check 2:  |
| Approved:  | Letter Sent:  | Resigned:  | Letter Sent:  |
| CHILD ID:  | Appointed:  | Resigned:  | Removed/Expired:  |
| CHILD ID:  | Appointed:  | Resigned:  | Removed/Expired:  |
| CHILD ID:  | Appointed:  | Resigned:  | Removed/Expired:  |
| CHILD ID:  | Appointed:  | Resigned:  | Removed/Expired:  |
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