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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. | | | |
|  | | | |
| 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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