

ADOPTION FACILITATOR REGISTRY - TRAINEE APPLICATION

SUBMIT TO:

California Department of Social Services
 Policy and Support Unit
 744 P Street, M.S. 8-12-31
 Sacramento, CA 95814

Please complete Sections 1 – 6

Section 1. Trainee Information							
Name: (please print)				Date of Birth:			
Residence Address:		City:		State:	Zip Code:		
Telephone: ()		Government-Issued Identification Number: (e.g. driver's license or passport)					
Section 2. Registered Adoption Facilitator Information							
Name: (please print)			Business Name: (please print)				
Business Address:							
City:		State:		Zip Code:	Telephone: ()		
Section 3. Trainee Education							
University or College Name and Location		Course of Study		Units Completed		Diploma, Degree or Certificate Obtained	Date Completed
				Semester Quarter			
Section 4. Trainee Employment History							
From (M/D/Y)	To (M/D/Y)	Job Title or Classification (Include Range or Level, if applicable):					
Hours per Week	Total Time (Years/Months)	Company/State Agency Name & Address:			Supervisor: Telephone: ()		
From (M/D/Y)	To (M/D/Y)	Job Title or Classification (Include Range or Level, if applicable):					
Hours per Week	Total Time (Years/Months)	Company/State Agency Name & Address:			Supervisor: Telephone: ()		
From (M/D/Y)	To (M/D/Y)	Job Title or Classification (Include Range or Level, if applicable):					
Hours per Week	Total Time (Years/Months)	Company/State Agency Name & Address:			Supervisor: Telephone: ()		

Section 5. Trainee Statement & Signature

- a) I have read and understand California Family Code Sections 8623 through 8639, inclusive, governing the adoption facilitators and their trainees.
- b) I understand and agree to be directly supervised by _____ (insert name of Adoption Facilitator) who meets all registration requirements and is registered with the California Department of Social Services.
- c) I declare under penalty of perjury that the statements on this application and on the accompanying attachments are true and correct.

SIGNATURE

DATE

Section 6. Registered Adoption Facilitator Statement & Signature

I hereby agree to supervise the above named trainee in accordance with state statutes and regulations set forth by the State of California.

SIGNATURE

DATE

Section 7. FOR DEPARTMENTAL USE ONLY

Date Application Received: _____ Date of Criminal Record Clearance: _____

Date Trainee's name added to registry: _____