



Educational Surrogate Parent Volunteer Application

Date: _____

Name: _____ Date of Birth: _____
(Last) (First) (Initial)

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Numbers: (h) _____ (w) _____ (c) _____

Email address: _____

Occupation: _____ Employer: _____

Are you employed by any public or private agency involved with the care or education of children? (See 34 CFR §300.519(d)(2), IDEA limitations on the appointment of volunteers who work with child serving agencies.)

Yes No If yes, which one: _____

Are you able to attend meetings at school during the day? Yes No

Do you speak any languages other than English? If yes, please list: _____

Why are you interested in becoming an Educational Surrogate Parent? _____

No experience is necessary. However, if applicable, please list any experiences and/or education related to children or youth that you feel may be helpful in your role as an Educational Surrogate Parent:

Do you have any preferences or exceptions regarding the child's school location or type of disability, length of appointment, or your availability to attend meetings related to a child assigned to you?

How did you learn about the Educational Surrogate Parent program? _____

Please list two references below. Please include one employer and one personal reference (who is not a family member).

Name: _____ Relationship: _____

Phone Number(s): _____ Email address: _____

Address: _____

Name: _____ Relationship: _____

Phone Number(s): _____ Email address: _____

Address: _____

I understand that my application does not guarantee my appointment as an Educational Surrogate Parent. I also understand that I must attend required training and be cleared through the District of Columbia Public School Volunteer Office Background Check and the DC Child and Family Services Child Protection Register in order to serve as an Educational Surrogate Parent. If appointed, I will protect the confidentiality of all information regarding students I represent in special education matters.

Signature: _____ Date: _____

Please return this completed application to the OSSE Educational Surrogate Parent Program:

By email: surrogate.parent@dc.gov
By fax: (202) 741-0227, Attn: Educational Surrogate Parent Program
By mail: Educational Surrogate Parent Program
Division of Special Education
Office of the State Superintendent of Education
810 First St. NE - Eighth Floor
Washington, DC 20002

Questions? Please contact OSSE's Division of Elementary, Secondary & Specialized Education at (202) 724-7860.