



Loudoun Families for Children

PO Box 4250, Leesburg VA 20177

www.LFOnline.org

Volunteer Interest Form

Name(s) _____

Address _____

Phone _____ Email _____

Optional (Demographic information is used strictly for statistical purposes.)

Marital status _____ Age(s) _____ Ethnic origin(s) _____

How did you find out about Loudoun Families for Children? _____

What led you to inquiry about the program? _____

Which of the following areas interest you? (Check all that apply)

Emergency care Mentoring Respite care

Which of the following can you provide? (Check all that apply)

care for minority children care for sibling groups care for teenagers
 stay-at-home care for infants/preschoolers care for children with special needs

What type of child(ren) would fit best in your family?

Age _____ Gender _____ Number _____

Please rate your knowledge of the following subjects according to the scale below:

- 1- I have three or more years of training and/or experience on the subject
- 2- I have at least one year of training and/or experience on the subject
- 3- I have less than one year or no training and/or experience on the subject

Child abuse and neglect Rights of birth parents Separation anxiety
 Grief and loss issues Child development Behavior management techniques
 Domestic violence Substance abuse Mental health issues
 Special needs (please list) _____

Additional experience/training: _____
