



FAMILY FOUNDATION FUND
Restoring Fatherhood

FAMILY FOUNDATION FUND - SURROGATE FATHER APPLICATION

The Family Foundation Fund - 4890 Lickton Pike - Nashville TN 37189
FamilyFoundationFund.org - info@FamilyFoundationFund.org
Mailing address: P.O. Box 292724 - Nashville, TN 37229
615-876-7170 - 615-876-5456 Fax

PERSONAL INFO Your name _____ Today's date _____

Full legal name _____ Date of birth _____

Home address _____

City, state & zip _____

Number of years at this address _____ Social security # _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Email address(es) _____

Previous home address _____

City, state & zip _____

Number of years at that address _____ Marital status (circle one) Single Married Separated Divorced

If married, number of years _____ If married, do you have your family's blessing to become a Surrogate Father? YES NO

Wife's name _____ Do you have any children? YES NO

Children's names and ages (if any) _____

Do you have a valid TN Driver's License? YES NO If YES, license # _____

EDUCATION INFO Circle your last completed year of school 10 11 12 13 14 15 16 Post-grad

High school attended _____

High school city, state & zip _____

College(s) attended _____

College city, state & zip _____

Did you graduate? YES NO If yes, what degree(s) did you earn/receive? _____

CHURCH INFO Church name _____

Church city, state & zip _____

Church phone #(s) _____

How often do you attend church? (circle one) Each week 2-3 times a month Once a month Other

Please describe your understanding of the "triune man" (i.e., what does it mean that we are "spirit, soul and body") _____

PASTOR INFO Pastor's name _____

Pastor's address _____

Pastor's city, state & zip _____

Pastor's phone #(s) _____

Pastor's email address(es) _____

May we contact your pastor for a reference? YES NO If NO, explain _____

EMPLOYMENT INFO Employer or business name _____

Employer or business address _____

Employer or business city, state & zip _____

Employed from (month) _____ (year) _____ thru _____ present (or) (month) _____ (year) _____

Your title and work description _____

Supervisor's name and title _____

Supervisor's phone #(s) and email(s) _____

PREVIOUS EMPLOYMENT (*Note: If you have worked at your current job LESS THAN 5 YEARS, please complete*)

Previous employer or business name _____

Previous employer or business address _____

Previous employer or business city, state & zip _____

Previously employed from (month) _____ (year) _____ to (month) _____ (year) _____

Title and work description _____

Previous supervisor's name and title _____

Previous supervisor's phone #(s) and email(s) _____

Reason for leaving _____

Have you ever been fired from a job? YES NO If YES, explain _____

BACKGROUND INFO (Note: Due to the fact that we work with children in our program, we strive to provide the safest environment possible for them. Please answer the following questions.)

Have you ever been charged with sexual misconduct of any kind? YES NO If YES, what was the charge? _____

If yes, were you convicted? YES NO If YES, explain _____

Have you ever been arrested for any reason? YES NO If YES, what was the charge and how was it resolved? _____

Are you willing to allow a background check? YES NO If NO, explain _____

SURROGATE FATHER INFO When did you first become interested in becoming a Surrogate Father? _____

What experience in nurturing children do you have that would be an asset to you as a surrogate father? _____

What gifts and talents do you have that would help the Family Foundation Fund fulfill its mission? _____

REFERENCE INFO Please list three character references who are NOT related to you (i.e., a friend, pastor, co-worker, church member).

Name	Address, City & State	Phone #'s (Home, Work, Cell)

COMPLETION INFO If your application is accepted, when are you available to start? Month _____ Day _____ Year _____

I hereby affirm that all of this information is accurate and I have answered all these questions truthfully and honestly to the best of my ability. Note: We recommend that you make a copy of this application for yourself and mail the original to Family Foundation Fund.

Sign and print name _____

----- (FFF use only – Do not write below this line) -----

Received by _____ Date ____ / ____ / ____ Church verified Y N References verified Y N

Approved _____ Denied _____ Date to start ____ / ____ / ____ Rev: 03-13-2015