

CHINA CAMP APPLICATION

Date: _____

Please provide the following information and return this application to Adoption Associates, Inc. Upon its receipt, we will call you. This application may be faxed to 616.667.9730, Attn: Kimberly Hall.

Special Advocate #1: _____ Birth Date: _____

Passport #: _____ Expiration Date: _____

Special Advocate #2: _____ Birth Date: _____

Passport #: _____ Expiration Date: _____

Address: _____

City/State/Zip: _____ Marriage: _____
(date)

Telephone (home): () _____ (work): () _____

(cell): () _____ E-mail: _____

FAMILY HISTORY

<u>Children</u>	<u>Birth Date</u>	<u>Sex</u>	<u>Bio/Adopted</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What was the date of your last adoption? _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____ Telephone #1: _____

_____ Telephone #2: _____

E-mail: _____

Name: _____ Relationship: _____

Address: _____ Telephone #1: _____

_____ Telephone #2: _____

E-mail: _____

CRIMINAL HISTORY

Application will be denied for any open criminal cases that are pending for any household member.

Please explain any past criminal convictions (include arrest date, type of arrest, conviction, and sentence):

ELIGIBILITY REQUIREMENTS

China Camp Application (cont.)

MEDICAL HISTORY

There are certain medical conditions that may affect your ability to travel internationally and fulfill your role as a Special Advocate.

Please disclose any medical conditions (physical and/or mental health) for which you are currently receiving treatment (for example: allergies, asthma, heart condition, stroke, etc.):

Please describe any physical restrictions you have that may affect your participation on the team:

Please disclose any past medical conditions (physical and/or mental health) for which you received treatment, including dates:

Do you have any permanent disabilities? Yes ___ No ___

Please explain: _____

Tell us about your educational background:

What is your current occupation?

What, if any cross cultural experiences are part of your background? How were you impacted by these experiences:

What talents or abilities can you bring to this project?

I understand that meeting initial eligibility requirements does not guarantee approval of my application.

Signature of Special Advocate

Date

Signature of Special Advocate

Date