

## 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: \_\_\_\_\_