

## 1 Before you begin:

This application is the first step toward becoming a Peer Support Services (PSS) Volunteer. Following the submission of this form and attendance at PSS Pre-Service Training, applicants will receive a package to deliver to their references. After the references have submitted their forms, the evaluation of the applicant will proceed and include, but will not be limited to, consideration of the years of fostering experience in Nova Scotia, the extent to which they demonstrate strength in P.R.I.D.E. Competency 5: Working as a Member of a Professional Team, and program requirements by region. The questions within this application are to aid in the matching process with a Peer Support Recipient. The information in your application is confidential and will only be viewed by staff involved in the Federation of Foster Families of Nova Scotia - Peer Support Services. If you have any questions about this form, please contact 902-424-2314 or email [Deborah.Thibault@novascotia.ca](mailto:Deborah.Thibault@novascotia.ca).

## 2 Give your contact information:

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Other numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_

Address (please indicate county): \_\_\_\_\_

Postal code: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

## 3 Give your personal information:

What is your gender identity?  Man  Woman  another gender identity, please specify: \_\_\_\_\_

Indicate age range:  18 – 25  26 – 35  36 – 45  46 – 55  56 – 65  66+

Are you a (select one or more):  General Foster Parent (FP)  Kinship FP  Contract FP  Single FP

Years of fostering experience in Nova Scotia \_\_\_\_\_

Do you identify as an individual who experiences discrimination based on (select one or more):

(dis)Ability  Sexuality / Gender Identity  Race  Religion  Other: \_\_\_\_\_

Please indicate which identity applies to you (select one or more):

Mi'kmaw  African Nova Scotian  Acadian  Gaelic  Other: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

## 4 Provide details of children in your family:

Age	Gender	Birth (Yes / No)	Child-in-Care (Yes / No)	Adopted (Yes / No)	If Adopted, at what age?	Special Needs? (Yes / No)	Race

**5 Provide details of what you offer in a Peer Support Volunteer role:**

Why do you wish to participate in the program as a Peer Support Volunteer?

Describe five characteristics (strengths/talents) that you possess that will contribute to the success of your peer support relationship.

What expectations will you have of your Peer Support Recipient?

Describe your experience with peer support or mentoring relationships (either as a previous mentor, mentee, or peer supporter).

How will you personally measure the success of your partnership?

## 6 Check fostering/parenting issues you would be able to assist a Peer Support Recipient with:

Please rank the fostering/parenting issues by your experience and interest. This helps with our decision when we match you with a Peer Support Recipient.

Special Needs	Ranking			
	No Experience/Interest	Low Experience/Interest	Some Experience/Interest	High Experience/Interest
*ADD / *ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment / *RAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism /*PDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*FAS / *FASD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal Drug Exposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physically Abused Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Abused Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Identity Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*ADD - Attention Deficit Disorder  
\*PDD - Pervasive Development Disorder

\*ADHD - Attention Deficit Hyperactivity Disorder  
\*FAS - Fetal Alcohol Syndrome

\*RAD - Reactive Attachment Disorder  
\*FASD - Fetal Alcohol Spectrum Disorder

Describe any other considerations for matching process (language, culture, age, etc.).

7 Describe any other fostering issues with which you have experience.

8 Describe any situations in which you would not be willing to offer Peer Support.

9 Describe your computer skills and experience with audio conferencing tools such as Skype.

## 10 How did you hear about One-on-One Peer Support Services?

## 11 Provide your references:

Your list of references must include your current Foster Care Social Worker and their reference forms will be signed by their supervisor. Please note that the forms and instructions for references will be distributed to PSS Volunteer Applicants at the conclusion of the PSS Pre-Service Training session.

Current Foster Care Social Worker

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Phone number: \_\_\_\_\_

## 12 Sign the consent to share information:

I give consent to the Federation of Foster Families' staff to share my information with the purpose of matching me with an appropriate Peer Support Recipient in the One-on-One Peer Support Service.

Peer Support Volunteer Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 13 Return application to:

Federation of Foster Families Representative (Please print): **Debbie Thibault, Coordinator of Training & Peer Supports**  
Address: Suite 350, 99 Wyse Road, Dartmouth, NS B4C 4H4  
Email: [Deborah.Thibault@novascotia.ca](mailto:Deborah.Thibault@novascotia.ca)