



SEND COMPLETED FORM TO:
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 Joseph Sandagato
 Massachusetts Adoption Resource Exchange
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 Boston, MA 02110
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Getting to Know Our Youth and Young Adult Summary – Spokespeople

Youth / Young Adult Information

First Name:				Last Name:			
Address:				City:		State:	Zip:
Phone 1:		Type:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone 2:		Type:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email:				Occupation:			
Religion/Community of faith/Other beliefs:							
Race:		Ethnicity:		Languages spoken:			
DOB:		Date of adoption:					
Age and year you entered foster care:				Age at time of adoption:			
State you were placed from:				Occupation:			
<input type="checkbox"/> Please check if you were or are currently enlisted in the U.S. Military							
How did you become aware of AdoptMassachusettsKids.org (please check all that apply)?							
<input type="checkbox"/> MARE <input type="checkbox"/> AdoptUSKids <input type="checkbox"/> Ad Campaign <input type="checkbox"/> Facebook/Twitter <input type="checkbox"/> DCF Staff <input type="checkbox"/> Web search							
<input type="checkbox"/> Other:							

Caseworker Information

If you are currently in care, please list your caseworker. If you no longer have a caseworker, please provide information on your previous caseworker or a worker that completed your adoption.

First Name:				Last Name:			
Agency:				Email:			
Address:				City:		State:	Zip:
Work Phone:				Other Phone:			

<p>Travel / Participation Options: Yes, I/we are willing to travel!</p> <p>(Please define acceptable geographic area(s) of travel, i.e. All of MA, Boston/Metro, Worcester and West, etc.):</p>	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					
<p>Demographics (Please check all that apply) Were or are you:</p> <p><input type="checkbox"/> Adopted</p> <p><input type="checkbox"/> Adopted by individual(s) with disabilities</p> <p><input type="checkbox"/> Adopted from another state or county</p> <p><input type="checkbox"/> Adopted with your siblings</p> <p><input type="checkbox"/> A teen at the time of adoption</p> <p><input type="checkbox"/> Adopted by a relative. Specify relationship:</p> <p><input type="checkbox"/> Adopted into a multi-ethnic or multi-racial family</p> <p><input type="checkbox"/> Adopted by LGBTQ parents</p> <p><input type="checkbox"/> Adopted by someone you know (i.e. coach, teacher, caseworker, friend's parent(s)) Please specify:</p> <p><input type="checkbox"/> Adopted as a result of being featured on Wednesday's Child, an adoption news segment or an adoption event. Please specify:</p> <p><input type="checkbox"/> Identified on adoptuskids.org</p> <p><input type="checkbox"/> Other:</p>						
<p>Media Experience (Please check all that apply) Are you willing to speak with:</p> <p><input type="checkbox"/> T.V. <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazines <input type="checkbox"/> Online:</p> <p>Are you willing to speak at conferences or on youth panels? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will consider</p>						
<p>Do you have experience speaking publically (i.e. panels, conferences) or to the media?</p>	<p>If so, please list or provide a link:</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					
<p>Have you represented AdoptMassachusettsKids.org and the Massachusetts Adoption Resource Exchange as a member of the Speakers Bureau?</p>	<p>If so, when and where?</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					

Please list your local media outlets:			
Radio		T.V.	
Newspaper		Other	

Recognition

Have you received any awards or recognition as a result of adoption or foster care? Please list

- 1.
- 2.
- 3.
- 4.

AdoptMassachusettsKids.org is operated by the Massachusetts Adoption Resource Exchange. The contents of this application are solely the responsibility of the AdoptMassachusettsKids.org and the Massachusetts Adoption Resource Exchange and do not necessarily represent the official views of AdoptMassachusettsKids.org or the Massachusetts Adoption Resource Exchange. Grant funding for AdoptMassachusettsKids.org is provided as part of a national grant with oversight provided by the Massachusetts Adoption Resource Exchange in cooperation with AdoptUSKids and the Children's Bureau.

Any information that you provide to AdoptMassachusettsKids.org and The Massachusetts Adoption Resource Exchange is confidential. Your information will not be shared with anyone outside of AdoptMassachusettsKids.org, the Massachusetts Adoption Resource Exchange and our national partners at AdoptUSKids and Children's Bureau staff without your consent.

I affirm that the information provided is true to the best of my knowledge. I understand that by typing my name below it acts as my signature and gives authorization for AdoptMassachusettsKids.org and the Massachusetts Adoption Resource Exchange to contact any child welfare professionals who have assisted my family or my child.

Signature: _____ Date: _____

Consenting Adult Signature: _____ Date: _____

Consenting Adult Printed Name _____ Relationship _____