

**Tennessee Baptist Children's Homes, Inc.**

Dear Prospective Program Staff Member:

You are being considered for a position with Tennessee Baptist Children's Homes, Inc. which will require very close contact with children and youth in a family-like setting. Each person's life experiences influence relationships and interpersonal interactions in an important way. The position you are seeking requires a high level of self-awareness and honest self-assessment.

The attached "Prospective Program Staff Questionnaire" asks you to provide information about your family history, your marital relationships, your educational history, your spiritual experiences and your expectations about working and living in a residential child care setting.

The information you provide will be handled in a confidential manner.

You should complete the questionnaire by the date requested and deliver it in a sealed envelope to the appropriate program director. Please mark the envelope as "Confidential".

Once the questionnaire has been used in your employment assessment, it will be maintained in a sealed envelope in your personnel file at the TBCH State Office.

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Please read and initial the following statements:

\_\_\_\_\_ I understand that the information in the "Prospective Program Staff Questionnaire" will be used in the total assessment of my suitability to provide direct service to children in the care of Tennessee Baptist Children's Homes, Inc.

\_\_\_\_\_ To the best of my knowledge, information and belief my responses in the Questionnaire are true, and I have made no attempt to misrepresent my experiences or attitudes.

Signature:

\_\_\_\_\_ *Full Name*

\_\_\_\_\_ *Date*

Tennessee Baptist Children's Homes, Inc.  
**Prospective Program Staff Questionnaire**

\_\_\_\_\_  
*Name*

**My Family History:**

1. Who were all of the members of your family or house hold (age and relationship) when you were between the ages of :
  - a. Birth – 5 years old
  - b. 6 -11 years old
  - c. 12 -15 years old
  - d. 16 - until you left home
  
2. Was there anyone not in your household or immediate family with whom you were especially close, and why?
  
3. Out of the people listed above, to whom were you the closest and why?
  
4. Regarding all the people you listed in questions 1 and 2; where are these people now and how often do you contact them?
  
5. What forms of discipline were used in your home?
  
6. Who was the primary disciplinarian in your home?
  
7. What ages of your childhood did you most enjoy and why?
  
8. What ages of your childhood did you least enjoy and why?

9. With whom did you have the most difficulty getting along and why?
  
10. When you were growing up, what were “okay” ways for members of your family to express the following feelings:
  - a. Happiness:
  - b. Love and affection:
  - c. Anger:
  - d. Disappointment:
  - e. Frustration:
  - f. Sadness and depression:
  - g. Fear:
  - h. Stress:
  
11. Compared to other families you have known, both as a child and as an adult, would you say that your family was happier or less happy than most families?
  
12. What family traditions which you grew up with do you still keep today, and why?
  
13. Are there family traditions that you grew up with which you do not keep now and why?
  
14. Think back to the time when you left home to be on your own.
  - a. How old were you?
  - b. Why did you leave?
  - c. How did you and your family feel about your leaving?

**Marriage History:**

1. How did you meet your spouse?
  
2. How long have you:
  - d. Known each other?
  - e. Been married?
  
3. What do you think was the main reason you entered into a relationship with and married your spouse? Why you have stayed together?
  
4. What do you most admire about your spouse, and what do you think that your spouse most admires about you?
  
5. What would you most like to change about your spouse, and what do you think he or she would want to change about you?
  
6. How much time during the week do you and your spouse have alone together, and do you feel comfortable with this amount of time?
  
7. What was the biggest disappointment or loss you've had in your life, and how did you cope with it?

**School History:**

1. How many grades did you complete in school (junior high, high school, college, graduate school?)
2. If you did not complete high school what were the reasons?
3. If you have attended college, what were your fields of study and what degrees did you receive?
4. As you think back over all your school experiences, were they primarily good experiences? Please explain.
5. What kinds of school experiences did you like the most (subjects, activities) and please explain.
6. What parts of school were most difficult for you (subjects, activities) and please explain.
7. How important will grades and school performance be for the children you will serve?

**Spiritual Issues**

1. Please share your personal testimony/conversion experience.
2. Write a brief summary of your involvement in your church.

**Interest and Expectations of Working with a Group Home:**

1. What gave you the idea to pursue this type of employment?
  
2. Have you yourself ever been in foster care, were you adopted, or do you know anyone who experienced foster care or adoption? If yes, please explain.
  
3. As you think about becoming a house parent:
  - a. What do you think you will like the most?
  
  - b. What do you think you will like the least?
  
4. If you have parenting experience, what have you enjoyed most about parenting?
  
5. What have you disliked most about parenting?
  
6. If you have children currently living with you, what challenges do you anticipate:
  - a. With your children:
  
  - b. With your TBCH children:
  
7. What childhood ages do you most enjoy parenting?
  
8. What childhood ages do you least enjoy parenting?

9. What forms of discipline do you find to be most effective?

10. Under what circumstances do you think that it is okay to spank, smack or hit a child?

11. Have you ever been a parent to someone else's child? If yes, please describe the circumstances.

12. If you have any children who **do not** live with you, please list:

| Name: | Age: | Where/with whom do they live<br>and the relationship | Frequency of Contact |
|-------|------|--|----------------------|
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3. Have you or has anyone close to you had any direct experience with:

|                           | <u>Yes</u> | <u>No</u> |
|---------------------------|------------|-----------|
| a. Sexual Abuse           | ___        | ___       |
| b. Mental Illness         | ___        | ___       |
| c. Drug Abuse             | ___        | ___       |
| d. Being in Jail          | ___        | ___       |
| e. Alcoholism             | ___        | ___       |
| f. Counseling and Therapy | ___        | ___       |
| g. Financial Problems     | ___        | ___       |

Please explain any yes answers.