

Tennessee Baptist Children’s Homes, Inc.
PROSPECTIVE PROGRAM STAFF QUESTIONNAIRE

Dear Prospective Program Staff Member:

We understand every experience in life influences relationships and interpersonal interactions in a very important way. The position you are seeking with Tennessee Baptist Children’s Homes requires a high level of self-awareness and honest self-assessment since it involves very close contact with children of all ages.

The “Prospective Program Staff Questionnaire” will ask you to provide information regarding your family history, marital relationship(s), educational history, spiritual experiences and your expectations about working and living in a residential childcare setting.

All information provided will remain confidential. Upon completion of the questionnaire, we ask that it be placed in a sealed envelope, marked “confidential” and returned to the appropriate individual.

The questionnaire will be reviewed as part of your employment assessment. After review, it will again be placed in a sealed envelope and stored in your personal employee file located at the TBCH State Office.

Please carefully 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.

Printed Name

Signature

Date

PROSPECTIVE PROGRAM STAFF QUESTIONNAIRE

FAMILY HISTORY

1. List all the members of your family/household (relationship and age) during the period when you were:
 - a. Birth to 5 years old
 - b. 6 to 11 years old
 - c. 12 to 15 years old
 - d. 16 years old until you left home
2. Was there anyone not in your household or immediate family with whom you were especially close? Please explain.
3. Please name the one person of those you listed above to whom you were closest and explain the reason?
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. Please list the forms of discipline which were used in your home.
6. Who was the primary disciplinarian in your home?
7. What ages of your childhood did you most enjoy? Please explain.
8. What ages of your childhood did you least enjoy? Please explain.
9. Was there a person which you had a difficult time getting along? Please explain.

10. Growing up, what were acceptable 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. Overall would you consider your family to be happier or less happy compared with other families?

12. What family traditions do you still carry on today? Please explain.

13. Are there any family traditions that you would not carry on? Please explain.

14. Reflecting to the time when you first left home to be on your own...

- a. How old were you?
- b. Why did you leave?
- c. How did your family feel about your decision to leave?

MARRIAGE/RELATIONSHIP HISTORY

1. How did you and your spouse meet?

2. How long have you known each other? _____ Married? _____

3. What would you say was the main reason(s) you entered a relationship and married your spouse? Why have you stayed together?
4. What do you most admire about your spouse and what do you think your spouse most admires about you?
5. If you could change one thing about your spouse, what would it be? What do you think he/she would want to change about you?
6. How much time during the week do you and your spouse have alone together? What are your thoughts about the amount of time you have alone?
7. What was the biggest disappointment or loss you've had in your life and how did you cope with it?

EDUCATION HISTORY

1. What is the highest level of education you completed? (junior high, high school, college, or graduate school)
2. If you did not complete high school, please explain.
3. If you attended college, what were your major(s) and what types of degree did you receive?
4. Reflecting over all your school experiences, would you consider them to be primarily good experiences? Please explain.
5. What would you consider as your favorite subject or activity while in school? Please explain.
6. What school subject or activity would you say was the most difficult? Please explain.
7. What values would you pass along to the children in your home regarding grades and school performance?

SPIRITUAL HISTORY

1. Please describe your “Testimony of Faith”.

2. Write a brief summary of your involvement in your church.

INTEREST AND EXPECTATIONS OF WORKING WITH A RESIDENTIAL CARE PROGRAM

1. What lead you to TBCH to pursue this type of employment?

2. Have you ever been in foster care, adopted, or do you know anyone who experienced foster care or adoption? If “yes”, please explain.

3. What do you think you will like the most about being a houseparent?

4. What do you think you will like the least about being a houseparent?

5. If you have parenting experience, what have you enjoyed most about parenting?

6. If you have parenting experience, what have you most disliked about parenting?

7. If you have children currently living with you, what challenges do you anticipate having with your children?

8. If you have children currently living with you, what challenges do you anticipate having with your TBCH children?

9. What age range do you most enjoy parenting?

10. What age range do you least enjoy parenting?

11. What forms of discipline do you find to be most effective? Please explain.

12. Under what circumstances do you feel is acceptable to spank, smack or hit a child?

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

14. Please list below any child(ren) who currently do not live with you.

NAME	AGE	WHERE and WITH WHOM DO HE/SHE LIVE	CONTACT FREQUENCY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SENSITIVE SUBJECTS

1. Please describe a time in your life when you have felt the angriest. How did you handle the situation?

2. Children who come to TBCH may have had exposure to inappropriate sexual experiences. For example, he/she may have observed other children or adults engaged in sexual acts or may have been sexually abused themselves. Check the box that best describes your ability to parent for each example below:

CHILD WHO/WHOSE/WHO'S...	COULD PARENT WITHOUT HELP	COULD PARENT WITH HELP	COULD NOT PARENT
a. Masturbates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sexually active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mother is/was involved in prostitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Been sexually abused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Wants to talk to you about sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wants to talk to your children about sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Expresses interest in homosexual relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Have you or anyone close to you had any experience with the below:

	YES	NO	IF "YES", PLEASE EXPLAIN.
a. Sexual Abuse/Molestation	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Being in Jail	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Counseling and/or Therapy	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Financial Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____

Printed Name

Signature

Date