

Adoption Search, Contact and Reunion Services
Confidential Intermediary Application for Certification

Name: _____ Home Phone: _____

Address: _____ Work Email: _____

Work Address: _____

1. Please respond to each of the following questions on a separate sheet of paper. Attach the responses to the application form.
 - a. Explain why you are interested in becoming a Confidential Intermediary.
 - b. What skills, experiences or personal characteristics make you qualified to be a Confidential Intermediary?
 - c. What do you expect will be the most challenging or difficult part of the work?
 - d. What do you anticipate will be the most rewarding part of the work?
2. Please submit a biography that includes your family history, educational background and your employment history. Highlight those factors that you believe will enhance your ability to provide CI services. State employees may substitute a MS 100 or resume and private child placement agency employees may substitute a resume.
3. Please submit State of Maryland and FBI criminal background clearances. If the criminal background checks are still in process, please submit proof of application for the checks.
4. Provide the name, address and phone number of three references.

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that false statements on this application shall cause me to be removed from further consideration for Confidential Intermediary training or certification. I authorize investigation of all statements contained herein and give permission for the Department of Human Resources to obtain information about me from any of the personal references and employers that I have listed. In addition, I release them from all liability for any damage that may result from utilization of such information.”

I agree to submit State of Maryland and FBI criminal background clearances. If the criminal background checks are still in process, I agree to provide proof that I have made application for the background checks.

Signature: _____ **Date:** _____

Send to:

Maryland Department of Human Resources
Social Services Administration
Adoption Search, Contact and Reunion Services
311 West Saratoga Street
Baltimore, Maryland 21201