

# BLUE STAR HOME

## APPLICATION

Name and date of birth of each adult living in this household (if married female please include maiden name):

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Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Resident of Galva for how many years? \_\_\_\_\_

Name, date of birth and gender of each child in the household:

\_\_\_\_\_ M/F

\_\_\_\_\_ M/F

\_\_\_\_\_ M/F

\_\_\_\_\_ M/F

\_\_\_\_\_ M/F

Please tell us why you feel you would be a good candidate to become a Blue Star Home.  
Please list any experience you may have: \_\_\_\_\_

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By signing this document you are agreeing to a thorough background check of all adults in the household.

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Print full name

Signature

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Print full name

Signature

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Print full name

Signature

Date of application: \_\_\_\_\_

## Responsibilities of a Blue Star Home

- I agree to first contact the parents of any child who is being bullied or is in need of assistance
- I agree to contact the Galva Police (309-932-3900) after contacting the child's parents
- I agree to call 911 if I witness suspicious activity or when a young person reports feeling threatened
- I agree to NOT take the law into my own hands
- I agree to always have the best interest of the child in mind when offering my assistance

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Signature