Participating in the waiting child television feature must be a decision made in the best interest of the child. *Please discuss this opportunity with the children on your caseload that you would like to feature PRIOR to registering them.*

Complete the attached Registration Form and return to MARE

Email: Jennifer_brooks@judsoncenter.org
Fax: (734) 528-1695
Mail: MARE, 3840 Packard, Ste. 170, Ann Arbor, MI 48108

There is no guarantee that the child or children you register will be featured on television.

Expectations

1. Discuss the opportunity with the child prior to registering him or her.
Not all children are right for this kind of recruitment and no child should be involved against his or her will. Explain that the interview will be featured on the news several times and will be on both the MARE and news website. Make sure that the child is aware of and agreeable to adoption (to the best of his/her understanding). Let them know that this project may also receive additional media attention. It is also a good idea to discuss this opportunity with important people in the child's life (foster care worker, therapist, LGAL, DHS monitor, current caregiver, etc.)

2. Provide all of the information requested.
This is so the child's true personality can be captured on during the story and the right location is chosen for the day of the shoot.

3. Understand the variables.
If your child is chosen please understand that you may not be given much notice. Due to the nature of television news and working with them to schedule, we will have to work quickly to arrange shoots once we are notified of a video date. Please respond in a timely manner to any contact from MARE staff regarding the program. If we are unable to reach you or your supervisor, we will move on to another child to feature to ensure full utilization of this opportunity.

4. Arrange for transportation to The Southern Michigan region and supervision for the child on the day of the scheduled video shoot.
The child must be able to travel to Grand Rapids or the Metro Detroit area to do the interview. The adoption worker, foster parent, foster care worker, or another adult with whom the child is comfortable must provide supervision during the video shoot. Please ensure that the child dresses appropriately, arrives to the shoot prior to the scheduled time, and is supervised for the duration of the shoot. If you, as the child's adoption worker, will not be supervising the video shoot, please make sure that the appointed adult understands his/her responsibilities and timelines and signs the registration form.

5. Once the child is selected, agree to prepare the child, provide information, and make video shoot arrangements, including transportation and supervision.
MARE staff are available to guide you through this process and provide you with helpful resources. Please contact Jennifer Brooks, MARE Youth Specialist, or any MARE staff member at 800.589.6273.

PART 1: CONSENT

I,_____, hereby grant the Michigan Adoption Resource Exchange and designated sation permission to feature _____. The video footage taken for this program may be used for any additional adoption recruitment activities, as well as for publicity and promotional materials associated with MARE.

WorkerSignature: _____

☐ (For electronic response use only,checking this box serves as signature of worker).

PART 2: YOUR CONTACT INFO

First name _____ Last name _____

Agency: _____

Phone # _____ Email address: _____

Mailing address:_____ City _____ Zip _____

Supervisor information

First Name _____ Last Name _____

Phone # _____ Email address: _____

PART 3: CHILD INFO

Child Information

First name _____ Last name _____

C# _____ Age: _____ Birth date: _____

Child lives ☐With foster family ☐ In residential Name of Facility: _____

Address where child is living :

Street: _____

City: _____ Zip _____

Contact where child is living:

Name: _____

This person is: ☐Foster Parent ☐Residential Worker ☐Therapist ☐Other _____

Phone number: _____

What are the child's interests?_____

Which location to do this video shoot? Grand Rapids OR Metro Detroit area (please chose one)

_____

Sibling information:

Isthis child listed in a sibling group? YES ☐ NO ☐

If yes, please list siblings and their:C# _____

Please return this form to:
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Fax: (734) 528-1695 • Email: Jennifer_brooks@judsoncenter.org