



Weapon Agreement

Family Name: _____

PLEASE PRINT

Address (required): _____

Extraordinary Families (EF) advocates for the safety of all children who reside in our certified foster homes. Foster parents are discouraged from having weapons of any kind in their homes.

The safety and security of children in foster care require that all dangerous weapons be kept secure in compliance with California Administrative Code, Title 22. All dangerous weapons must be locked with a key in a rack, cabinet, box, etc. Ammunition must be stored separately from any firearms and locked with a key. All weapons must have an approved Firearms Safety Device (FSD) in place at all times.

The owner of the handgun and all adults with access to the weapon must be able to produce their VALID (within 5 years) Handgun Safety Certificate issued by the California Department of Justice. Any weapons purchased outside of the state of California must be registered with the Department of Justice.

Dangerous weapons include but are not limited to: guns, rifles, carbines, shotguns, pellet guns, BB guns, starter pistols and other firearms, explosive devices such as gun powder, ammunition, primer caps, detonators, fuse cords, fishing spears, scuba guns, souvenir swords, large knives of other than decorative design, large animal traps, bows, crossbows, and arrows. Electronic devices such as “tasers” and “stun guns” are also included.

Statement of no weapons:	
As of _____ (date), I/We, _____	
<input type="checkbox"/> DO have weapons in our home	<input type="checkbox"/> do NOT have weapons in our home
_____ Signature	_____ Signature

The following is a list of all weapons/ammunition in our home (Use another sheet if necessary)

	Type of Weapon/Ammunition	Where Stored/Method of Securing
1.		
2.		

I/We agree that the weapons and ammunition described above will be stored under lock and key, out of the reach of children, and will not be used by or around children in foster care.

I/We further agree to inform our EF social worker immediately if any other weapons come into my/our possession. I/We also agree to inform our EF social worker if the manner in which our weapons are stored changes in any way.

Signature

Signature

Date

If more space is needed to record weapons and ammunition, use the table below:

Type of Weapon/Ammunition	Storage Location	Method(s) of Securing

For Office Use Only		
I verified on (<i>date</i>) _____ that the weapon(s) and ammunition disclosed herein by the resource parent(s) are being appropriately stored in accordance to this agreement.		
<i>Agency Representative and Title</i>	<i>Signature</i>	<i>Date</i>