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REQUEST TO PROVIDE FAMILY CARE within the Associate Family Program

Applicants Full Name:	
Co-Applicants Full Name:	
Home Phone #:	Cell Phone #:
Work Phone #:	Postal Code:

EMPLOYMENT HISTORY

Present Employer:	
Employer's Name:	
Employer's Phone #:	
Length of Employment: From	To
Previous Employment:	
Length of Employment: From	To

EDUCATIONAL BACKGROUND

Grade 12

Human Services Program

University

Other Education

First Aid

CPR

Date of Expiration: _____

Volunteer Work:
Other Training Courses:
Comments:

SPOUSE/PARTNER

EMPLOYMENT HISTORY

Present Employer:	
Employer's Name:	
Employer's Phone #:	
Length of Employment: From	To
Previous Employment:	
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Comments:

FAMILY DYNAMICS - OTHER MEMBERS OF THE HOUSEHOLD

Name	Gender	Relationship	Age
1			
2			
3			
4			
5			
6			
7			

Do you babysit in your home on a regular basis?
Please list any interests/hobbies which any member of the household are willing to share with client?
Have you discussed this application with all members of your family?
Are all members of your family supportive of your application?

VEHICLE USE

Do you have a valid drivers licence?
Spouse/partner have a valid drivers license?
Is there a car available for use?
Comments:

EXPERIENCE

Please describe any previous contact with persons with an intellectual disability/mental handicap/illness.

How do you and your family handle stressful situations. Please give examples.
1
2
3

MOTIVATION

How did you learn about the program?

State reasons for applying to this program?