

BABYSITTING REFERRAL SERVICE

Need a sitter?

St. Albert Community Information and Volunteer Centre
 (Charles Gale Centre) #10, 215 Carnegie Drive
 S t. Albert, AB. T8N 5B1 • 459-6666



Application Form for Clients

PLEASE PRINT

Full Name:		Phone: Res:	Bus:
Address:		P.C:	Area you live in:
Children's Names:	Age birth date (month / date / yr.)	Male	Female
		Special Information?	
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Two References: (No relatives please) Please do not provide out-of-town references (must be local numbers)

Name:	Relationship to you:
Full Address:	PC: Phone:
Name:	Relationship to you:
Full Address:	PC: Phone:

Are you a Newcomer to St. Albert? _____ Language(s) spoken other than English: _____

THE ST. ALBERT COMMUNITY INFORMATION AND VOLUNTEER CENTRE and THE BABYSITTING REFERRAL SERVICE DOES NOT CHECK YOUR BABYSITTERS REFERENCES. WE STRONGLY ADVISE YOU TO DO SO.

The undersigned hereby Releases and Discharges the St. Albert Community Information and Volunteer Centre and the Babysitting Referral Service from any and all actions, claims or demands arising out of referrals provided by the Babysitting Referral Service. The undersigned hereby assumes responsibility to enquire into such referrals.

I have read and understand the information provided by St. Albert Community Information and Volunteer Centre and the Babysitting Referral Service and agree to have my name placed on the Registry.

Dated at the City of St. Albert, in the Province of Alberta,

This _____ day of _____ (year)

Signature of Client: _____