



## Application Form for Teen Babysitters

PLEASE PRINT CLEARLY

(Must be 12 years old & over to apply)

<b>Surname:</b>	<b>Given Name:</b>	<b>Phone:</b>
<b>Address:</b>		<b>Postal Code:</b>
<b>Area you live in:</b>		<b>Male <input type="checkbox"/> Female <input type="checkbox"/></b>
<b>Birthdate: Day _____ Month _____ Year _____</b>		<b>Present Age: _____</b>

Please specify any languages spoken other than English: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Have you taken the Alberta Safety Council Babysitters' Safety Course: Yes  No

If yes, please provide the course date & year completed: \_\_\_\_\_

\*\*\* Please provide a copy of your Alberta Safety Council Babysitter's Certificate if course not taken at St. Albert Community Information and Volunteer Centre. (Youth 16 and over do not require this course to register with us).

Have you completed a First Aid Course: Yes  No

Ages that you prefer to babysit: (check all that apply): Under 2  2 to 4  5 to 7  8-11

Would you like to babysit Handicapped children: Yes  No

Specify which area(s) in St. Albert where you would like to babysit (or just say "all areas"): \_\_\_\_\_

**Two References: (No relatives and must be local references & tel. numbers)** Best to have people for whom you have worked as a sitter

<b>Name:</b>	<b>Relationship to you:</b>	
<b>Full Address:</b>	<b>Postal Code:</b>	<b>Phone:</b>

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<b>Full Address:</b>	<b>Postal Code:</b>	<b>Phone:</b>

### PARENT/GUARDIAN PERMISSION FORM

Dear Parent/Guardian:

Your child has applied to have their name placed on our Babysitting Referral Registry. Please read and sign the Permission Form and Release Form below. The St. Albert Community Information and Volunteer Centre and the Babysitting Referral Service DOES NOT conduct a reference check on clients using our service. Therefore, we strongly advise that you, as parents/guardians, inquire and/or visit the people before your child does any babysitting for them.

As parent or guardian of \_\_\_\_\_, I give permission for my child to become involved in the Babysitting Referral Service. I understand that this is a Referral Service and that the St. Albert Community Information and Volunteer Centre DOES NOT screen clients. The St. Albert Community Information and Volunteer Centre therefore recommends that I screen all clients (people my children will be babysitting for) personally.

The undersigned, (parent or guardian or a child under 18 years of age) 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, and 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 on the Babysitting Referral Service and agree to have my child's name placed on the Registry.

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Address: (if different than above): \_\_\_\_\_ (year)

CIVC office use only: Accepted by: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_