

75 South Street, Suite One Gorham ME 04038
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Babysitter Information

Participant Name: _____ Participant Date of Birth _____

Parent /Guardian Name _____

Home Phone _____ Parent Cell phone _____ Email _____

Where do you live?

Street: _____ City: _____ State: _____ Zip: _____

Do you have a valid driver's license? Yes No

Dates & times available _____

References

Supporting the community counts – if this is your first job include volunteer work you've done

Name of Parents _____
Name(s)/Age(s) of Child/Children _____
Dates Worked _____
Phone number/email address _____

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Dates Worked _____
Phone number/email address _____

Education, Training and Certification

School: _____ Location: _____

Dates Attended: _____

Do you have First Aid training/certification? Yes No If yes, expiration date: _____

Do you have CPR training? Yes No If yes, expiration date: _____

Do you have Red Cross Babysitter training? Yes No If yes, expiration date: _____

Have you ever been convicted of a criminal offense? Yes No Do you use illegal drugs? Yes No

If yes, please explain: _____

I certify that all information provided on this application is true and correct to the best of my knowledge. I understand that the information provided may be verified by contact with persons or organizations concerning work record, criminal record and/or general reputation. I understand by participating in the Sitter Social does not guarantee employment. I also understand that background information on families seeking babysitters services will be my personal responsibility.

Signature of Applicant _____ Date _____

Signature of Parent/ guardian _____ Date _____