

75 South Street, Suite One Gorham ME 04038  
Telephone: 207-222-1630  
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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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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 \_\_\_\_\_