

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



## Application Form for Adult Babysitters

PLEASE PRINT CLEARLY

<b>Surname:</b>	<b>Given Name:</b>	<b>Phone:</b>
<b>Full Address:</b>		<b>Postal Code:</b>
<b>Area you live in:</b>		<b>Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/>
<b>Language(s) spoken other than English:</b> _____		<b>Newcomer to St. Albert?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

Who would you prefer to sit (check all that apply): Under 2  2 to 4  5 and Over  Adults   
 Sick  Handicapped Child  Handicapped Adult

When would you like to babysit (check all that apply): Part-time  Full-time  Days  Evenings   
 Overnight  Before School  After School

Where would you like to babysit (check all that apply): Client Home  Own Home

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

Have you completed a First Aid Course: Yes  No

Please specify any other training you have: \_\_\_\_\_

**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>

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

**THE ST. ALBERT COMMUNITY INFORMATION AND VOLUNTEER CENTRE and THE BABYSITTING REFERRAL SERVICE DOES NOT CHECK YOUR PROSPECTIVE EMPLOYER'S 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 on 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,

Signature of Adult Babysitter: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_  
 (year)

CIVC office use only: Accepted by: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Revised: Aug/06 (Blue)