

# Department of Children and Families

## STATEMENT OF EXPERIENCE

(Must be completed by each applicant providing  
TEMPORARY CARE, CHAP CM, THERAPEUTIC SUPPORT STAFF and SUPPORT STAFF Services)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Are you a Parent?  Yes  No How many children do you have? \_\_\_\_\_

What are their ages? \_\_\_\_\_

### Check all that apply to your WORKING experience with children (not to include biological):

I have provided babysitting or childcare:	Years of Experience	Occasional Babysitting	Routine Scheduled Childcare
<input type="checkbox"/> Child age 0-2	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child age 3-5	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child age 6-12	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child age 13-16	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child age 17 and above	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child who needs special health care or treatment: (Please specify) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Please specify): _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I have acted as a volunteer in the community with children and youth including:	Child age 1-5	Child age 6-12	Child age 13 and above
<input type="checkbox"/> Youth Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Church Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Big Brothers or Big Sisters Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Youth Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> School Aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Red Cross or Other Public Health Institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> YMCA Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reading or Storytelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### APPLICANTS PLEASE READ AND SIGN:

I certify under penalty of perjury that all the information provided is true and correct to the best of my knowledge.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_