

Department of Children and Families
STATEMENT OF EXPERIENCE

*(Must be completed by each applicant providing
TEMPORARY CARE, SUPERVISED VISITATION, CHAP CASE MGMT, THERAPEUTIC SUPPORT STAFF, SUPPORT STAFF and AFTER
SCHOOL Services)*

Name:

Phone Number: 1

Email:

Address:

City:

State:

Please describe in detail:

- 1) In what capacity have you worked with children?

- 2) What is your interest in providing services to DCF involved children?

- 3) What is your experience in establishing goals, assessing strengths and challenges and writing progress notes?

Preferred Age Group:

- Child 5-8
- Child 9-12
- Child 13-16
- Child age 17 & above

Please identify any area(s) that are of particular interest to you:

- | | | |
|---|---|---|
| <input type="checkbox"/> Agriculture/Horticulture | <input type="checkbox"/> Football | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Animals/Pets | <input type="checkbox"/> Health Science | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Architecture & Construction | <input type="checkbox"/> Hospitality & Tourism | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Human Services | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Arts, A/V Technology & Communication | <input type="checkbox"/> Information Technology (IT) | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Transportation, Distribution & Logistics |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Marketing, Sales & Service | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Music | |
| <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Science, Technology, Engineering & Math (STEM) | |

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Please identify languages spoken other than English:

American Sign Language

Greek

Polish

Arabic

Hebrew

Portuguese

Armenian

Hindi

Russian

Bosnian

Hungarian

Serbian

Creole

Italian

Slovak

Croatian

Japanese

Spanish

Dutch

Korean

Swedish

Farsi

Laotian

Tagalog

French

Mandarin

Vietnamese

German

Norwegian

Yiddish

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: