

CHILD CAREGIVER APPLICATION
Hudson United Methodist Church
2600 Hudson-Aurora Road, Hudson, OH 44236
Ph. 330-650-2650 Ext. 21

Please return this completed form to the SPRC Committee Chair via the Church Office.

Today's Date: _____

Name _____

Address _____

Phone/s _____ E-mail Address: _____

Education:

<u>School/College</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Degree</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work Experience:

<u>Employer</u>	<u>Address</u>	<u>Phone</u>	<u>Position held</u>	<u>Dates</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Experience with Children: _____

References:

Please give three references who can speak to your qualifications for this position.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Availability:

Sunday Mornings Y N Weekdays Y N Evenings Y N