East Haddam Youth & Family Services

Job Bank Application

Completed applications should be mailed to EHYFS P.O. Box 572 Moodus, CT 06469

Name:		_ Age:			
Address:					
Phone: Date of Birt		Birth:			
Grade in School:	Graduating Class	s:			
Please list my name in the EHYFS Jo	ob Bank. I am int	erested in the	following types of wo	ork:	
Babysitting		Tutorin	g		
Yard Work		House (Cleaning		
Mother's Helper		Pet Sitt	ing		
Odd Jobs		Other:			
Have you ever taken a First Aid Cla	ass?		YES	NO	
Have you ever taken a CPR Class?			YES	NO	
Have you taken the American Red	Cross Babysittin	g Class?	YES	NO	
Is transportation available?	YES	NO	SOMETIMES		
REFERENCE: List below one reliable adult (other than a relative) who knows you well enough to give us information about you so we can determine your eligibility for the Job Bank program. This information is for the use of EHYFS only and will not be shared with a prospective employer or anyone else. Please include the address and phone number of your reference.					
I have read and understand the EHYFS Job Bank Guidelines. Signed: Date:					
Parent Signature:			Date:		

East Haddam Youth & Family Services Parent Permission Form

Completed parent permission forms should be mailed to EHYFS P.O. Box 572 Moodus, CT 06469

Job Bank. My child has selected the types of work that EHYFS is providing employer names as a service realize that EHYFS is not liable for accident or injury	
My child has signed up for the following types of w	ork
Babysitting	Tutoring
Yard Work	House Cleaning
Mother's Helper	Pet Sitting
Odd Jobs	Other:
Parent/Guardian Signature:	
Date:	