

# Program Application & Terms and Conditions

TO BE COMPLETED BY THE **APPLICANT** (print in black ink)

PAGE 1 of 2

Program Application: please tick relevant box/es

1. Au Pair USA

2. Experienced Au Pair USA

**Note:** Applicants for the Experienced Au Pair USA program should note that acceptance is dependent on demand at the time of application.

## Personal Details

Last Name *(as per passport)*

First Name *(as per passport)*

Address

Suburb

State

Postcode

## Acceptance into Program

Consideration of the application will only be made after receipt of the fully completed application form and payment of the required deposit. The applicant will be formally accepted into the program only after:

1. Student Placement Australia Pty Ltd has determined that the application meets all requirements for the nominated program.
2. The sponsoring organisation in the US, EurAupair International Inc (EurAupair), has reviewed and accepted the application.

## Included in the Program

- The legal sponsorship necessary to obtain your J-1 visa.
- Return\* economy airfare with recognised airlines ex Syd/Melb.
- Travel to and from your host family at the beginning and end of the program.
- Choice of the departure month that's best for you.
- 5 day "Au Pair Workshop" in New York on arrival including transfers, accommodation, meals & sightseeing.
- Comprehensive medical, travel, personal liability and life insurance coverage. As the insurance is fully comprehensive, there is no need to purchase additional insurance coverage.
- Arrival orientation in your local community with your Community Counsellor.
- Handbook providing tips on being an Au Pair.
- Placement with a carefully selected EurAupair Host Family.
- Your own furnished bedroom in your host family's home.
- US\$139.05 weekly pocket money (Experienced Au Pairs receive US\$200 weekly).

- Two weeks vacation, with pocket money.
- Assistance with obtaining your visa (you must pay the visa and related costs).
- Support in the USA from an experienced EurAupair Community Counsellor.
- EurAupair organised cultural activities twice a year.
- A regular schedule of social, cultural and recreational activities with other Au Pairs.
- Be able to take the "13th month" to travel and explore the US.
- The most extensive choice of affordable, well-planned trips for au pairs to explore North America during their vacation or "13th month."
- EurAupair's quarterly newsletter.
- Attending classes that will help you learn about American culture with American students. Host families will pay up to US \$500 for school fees, textbooks and materials.
- Travelex Visa Cash Passport Card.
- Student Placement Australia eKit phone card.
- Lonely Planet guide to the USA.
- GST.

\* Please note that the return portion of your airfare is conditional upon the successful completion of the 12 month program.

## Not Included in the Program

Passport and visa fees, all items of a personal nature including expenses for entertainment, meals outside the host family home, insurance for trip cancellation or trip interruption. If you do not successfully complete the 12 month program your return airfare will not be included.

## Eligibility Criteria

Applicants must meet all basic eligibility criteria as set down by EurAupair and Student Placement Australia Pty Ltd. In general these include:

Be 18 through 26 years of age. Enjoy children ages 3 months to 12 years, and have at least 200 hours experience in caring for children (babysitting, etc.), if providing child care assistance for infants and children under two years of age. Enjoy helping children grow and develop, and are willing to enrich the lives of your host family by sharing your culture and traditions. Are a responsible person who is willing to make a one year commitment to experience American culture by living as a member of an American family, and providing up to 45 hours of child care assistance each week. Have completed at least the educational equivalent of an American high school diploma. Are conversant in English. Are in good health. Are energetic and enthusiastic. Are a non-smoker. Are a licensed driver.

If you have any queries please contact one of our program staff on 1300 135 331


# Program Application & Terms and Conditions



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<b>Passport</b>
All applicants must have a current passport with a minimum validity of six months after the anticipated return date.
<b>Inoculations</b>
All applicants must ensure they meet the health requirements of the US government. You should consult your GP or local health authority for the latest requirements in the US.
<b>Insurance</b>
All applicants are provided with comprehensive personal accident and medical coverage, as well as travel and public liability insurance while participating in the program. You should review the policy to ensure the cover is adequate for your purposes as some exclusions or special conditions may apply. Policy details will be provided before departure.
<b>Payment Schedule</b>
1. A \$250 deposit is required when you submit your application.
2. You will be invoiced for the balance of the program fee when you are accepted on to the program.
<b>Cancellation Policy</b>
Cancellations will only be accepted in writing and will be effective at the date received by Student Placement Australia Pty Ltd. Refunds will be made according to the following schedule:
1. If your application does not meet our basic eligibility criteria you will be refunded in full.
2. If you meet the basic eligibility criteria but fail to pass the interview and/or the psychometric test you will be refunded in full less the \$250 deposit.
3. If you withdraw from the program: <ul style="list-style-type: none"><li>- After acceptance but before placement you will be refunded in full less the A\$250 deposit.</li><li>- After placement but more than 30 days prior to departure you will be refunded in full less A\$500.</li><li>- After placement but less than 30 days prior to departure you will be refunded in full less A\$750.</li><li>- After departure there will be no refund.</li></ul>
<b>Responsibility</b>
Student Placement Australia Pty Ltd, its subsidiaries and representatives act only as customers to the various companies, owners, or providers of other services. All tickets, coupons, and orders are provided to you subject to any and all terms under which such services are issued by the relevant provider. Your acceptance of such tickets, coupons and orders shall be deemed to be your consent to the additional condition that Student Placement Australia Pty Ltd, its subsidiaries and representatives shall not in any way be liable for any injury, damage, loss, delay or irregularity however caused or arising, and whether out of any defect in any vehicle, or as a consequence of the default of any company, owner or supplier of transportation, accommodation or other service.

<b>Law of the Contract</b>
This Contract is governed in all respects by the law of the State of New South Wales and any legal action arising under the Contract shall be litigated only in the appropriate Court having jurisdiction in that State.
<b>Deposit</b>
<input type="checkbox"/> <b>A\$250 deposit has been paid or is enclosed</b>
Please indicate your payment method by ticking the relevant box below
<b>1. Cheque or Money Order</b>
<input type="checkbox"/> <b>Cheque or Money Order enclosed</b>
<b>2. Direct Deposit</b>
<input type="checkbox"/> <b>Direct Deposit</b>
Please quote invoice number and name. You must pay the exact amount on the invoice plus any remittance costs incurred.
Account Name Student Placement Australia Pty Ltd Account 062 205 1016 4405 Bank Commonwealth Bank of Australia Address 1753 Pittwater Road Mona Vale NSW
<b>3. Credit Card</b>
<input type="checkbox"/> <b>Credit Card</b>
Payment can be made by Visa or Mastercard. An additional fee (currently 3.42% but subject to change) will be charged on all credit card transactions.
Card Holder's Name _____
Card Number _____
Exp Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Card Holder Signature _____
Dated _____
<b>Signature of Applicant</b>
I have read, understood and accept the above terms and conditions.
Signed by Applicant _____ 
Date _____



## Au Pair Application

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

**Becoming a EurAupair Au Pair in the USA...** Do you love children? Are you eager to spend an enriching year abroad? Do you want to experience authentic American life as a trusted big sister or brother in your host family? Would you like to make lifelong friends abroad?

**You may be accepted by EurAupair if you:**

- ✓ Are 18 through 26 years of age or 20 through 26 years for Au Pair Par Expérience.
- ✓ Enjoy children ages 3 months to 12 years, and have at least 200 hours experience in caring for children (babysitting, etc.), if providing child care assistance for infants and children under two years of age.
- ✓ Enjoy helping children grow and develop, and are willing to enrich the lives of your host family by sharing your culture and traditions.
- ✓ Are a responsible person who is willing to make a one year commitment to experience American culture by living as a member of an American family, and providing up to 45 hours of child care assistance each week.
- ✓ Have completed at least the educational equivalent of an American high school diploma.
- ✓ Are conversant in English.
- ✓ Are in good health.
- ✓ Are energetic and enthusiastic.
- ✓ Are a non-smoker.
- ✓ Are a licensed driver.

**Experienced Au Pair (Au Pair Par Expérience) Program - You may be accepted into this special program and receive additional weekly pocket money if you:**

- ✓ Are 20 through 26 years of age.
- ✓ Have at least 2 years of full time child care experience, or
- ✓ Are a certified child care provider or hold a kindergarten or elementary school teaching degree.

**Au Pair Application Form:** Complete the form in full (neatly, in dark ink) and sign and date the Au Pair Agreement. Remember, your application form will be reproduced and distributed to prospective host families, so it should be as informative, neat and attractive as possible. Attach a color passport photo of yourself (smiling please).

**“Dear Host Family” Letter:** Write a letter to your prospective host family telling about yourself. Remember to tell them about the children you have taken care of, the things you like to do, your family and friends, and why you want to become a EurAupair Au Pair in the USA. Your “Dear Host Family” letter will help your American family to get a sense of who you are, so take time to write a good letter, in English. Your letter should be two full pages, double-spaced, on white paper only, and neatly written in dark ink or typed.

**Photo Collage:** Think about who you are making the photo collage for. Try to imagine what a host family would find most interesting about you and what you would like to share about yourself. Your photo collage should be biographical and represent key events and people in your life, as well as hobbies or sports practiced, and different situations with parents, siblings, friends, caring for children, recreation, social etc. Photos should be mounted vertically on A-4 sized sturdy paper or cardboard and should be two full pages (not more, nor less).



Origin	Number	Dest.
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## Au Pair Application

Please attach smiling, color passport photo here.

Regular EurAuPair Au Pair Applicant

EurAuPair Au Pair Par Experience\* Applicant

Have you previously participated in an Au Pair exchange program in the USA?  Yes  No

Name \_\_\_\_\_  
Family Given Middle Nickname (if any)

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Telephone\* \_\_\_\_\_ Best time(s) to call \_\_\_\_\_  
\*List country code, city code and number where you can be contacted by a prospective host family and the best time(s) for them to call you there.

Born \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ in what city? \_\_\_\_\_ in what country? \_\_\_\_\_  
Day Month Year

Citizen of \_\_\_\_\_ Country Legal Permanent Resident of \_\_\_\_\_ Country

What is your current occupation? \_\_\_\_\_  
(List type of work and employer, or student status and school, etc.)

What is your employment history (include full and part time jobs and volunteer positions)? \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Does this person speak English?  Yes  No  
Name If not, what language is spoken? \_\_\_\_\_

Relationship to you \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
List country code, city code and number

Height \_\_\_\_\_ Meters/Centimeters Weight \_\_\_\_\_ Kilos Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  Female  Male

Do you smoke?  Yes  No Do you attend church/temple?  Yes  No If yes:  Weekly  Special Occasions

Do you have a valid driver's license?  Yes  No Driver's License Number \_\_\_\_\_

Passport Country \_\_\_\_\_ Passport Number \_\_\_\_\_

Educational Attainment to Date \_\_\_\_\_ Years of Study \_\_\_\_\_

School \_\_\_\_\_  
Name Address City Country Telephone

Have you studied beyond secondary/compulsory school?  Yes  No If yes, please describe further studies (academic/vocational).

Language Name	Years of Study	Speaking				Reading				Writing				Listening			
		Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor
<b>ENGLISH</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List your interests and hobbies: \_\_\_\_\_

List sports you play: \_\_\_\_\_

Do you play a/any musical instrument(s)?  Yes  No If yes, please list: \_\_\_\_\_

List the name(s) of your brother(s) and/or sister(s) and their age(s):

_____	_____	_____	_____	_____	_____	_____	_____
Name	Age	Name	Age	Name	Age	Name	Age

\*Au Pair Par Expérience applicants must be at least 20 years old upon departure and have at least 2 years of full time child care experience or be a certificated child care provider or hold a kindergarten or elementary school teaching degree.

Please describe your experience in caring for children. Include names, gender and ages\* of child(ren), type, frequency and duration of care provided, and your age at the time you provided the care.

\*U.S. government regulations require that au pairs who provide assistance for children under 2 years must have a minimum of 200 hours of infant care experience.

Are you willing to provide child care assistance for:  
 3 month to 1 year old child(ren)?  Yes  No      2 to 5 year old child(ren)?  Yes  No  
 1 to 2 year old child(ren)?  Yes  No      5 to 12 year old child(ren)?  Yes  No

Do you have at least 200 hours of experience in caring for child(ren) under the age of two years?  Yes  No

Please describe your special talents or skills that may be useful in providing child care assistance (swimming instructor, piano teacher, soccer coach, arts & crafts, etc.).

Please describe why you want to become an au pair exchange program participant in the USA and why you consider yourself qualified to participate in the EurAupair program. Describe what you feel are your strengths.

Check the boxes that best describe characteristics of your personality and lifestyle, then list below any other of your dominant qualities.

<input type="checkbox"/> Positive	<input type="checkbox"/> Neat	<input type="checkbox"/> Attentive	<input type="checkbox"/> Messy	<input type="checkbox"/> Honest	Other Characteristics:
<input type="checkbox"/> Negative	<input type="checkbox"/> Clean	<input type="checkbox"/> Organized	<input type="checkbox"/> Nature Lover	<input type="checkbox"/> Hardworking	
<input type="checkbox"/> Outgoing	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Creative	<input type="checkbox"/> Witty	<input type="checkbox"/> Responsible	
<input type="checkbox"/> Shy	<input type="checkbox"/> Calm	<input type="checkbox"/> Artistic	<input type="checkbox"/> Mature	<input type="checkbox"/> Caring	
<input type="checkbox"/> Loud	<input type="checkbox"/> Athletic	<input type="checkbox"/> Social	<input type="checkbox"/> Independent	<input type="checkbox"/> Dependable	

How would you describe your current physical and emotional health?  Excellent  Good  Fair  Poor

Have you ever been arrested or convicted of a crime?  Yes  No

Have you ever been a victim of sexual, emotional or physical abuse?  Yes  No

Have you ever abused alcohol, used illegal drugs or other controlled substances?  Yes  No

Have you ever received counseling or treatment for a psychological or emotional problem?  Yes  No

Do you have any allergies, dietary restrictions or other physical or psychological conditions serious enough to require treatment or special consideration by a Host Family?  Yes  No

If yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Au Pair Par Expérience (Supplemental Information)**

Describe education and training which qualifies you for this program — courses, university or other continuing education certificates/degrees etc. Attach certificates, diplomas and one instructor reference letter.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe all full time child care positions, and responsibilities held and length of employment at each position. Attach reference letter from each employer.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

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Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Pulse Rate: \_\_\_\_\_ Is pulse rhythm normal?  Yes  No If no, please explain: \_\_\_\_\_

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Blood Pressure: Systolic: \_\_\_\_\_ Diastolic: \_\_\_\_\_

Are pupillary and knee reflexes normal?  Yes  No If no, please explain: \_\_\_\_\_

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What is the applicant's vision: Without Correction OD: \_\_\_\_\_ OS: \_\_\_\_\_

With Corrective Lenses OD: \_\_\_\_\_ OS: \_\_\_\_\_

Does the applicant have any allergies or dietary restrictions?  Yes  No If yes, please describe them and explain how the applicant can/would deal with them in a host family setting?

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Has the applicant ever been hospitalized?  Yes  No If yes, please give date(s), diagnosis and outcome.

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Is there a history of child abuse in the applicant's family?  Yes  No If yes, please explain: \_\_\_\_\_

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Does the applicant have any health limitations (physical or emotional) or do you know of any pertinent information that is important for the Program to know that would limit her/his participation in normal school, family, sports or community life, including providing child care assistance for an American host family?  Yes  No  
If yes, please explain:

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Is the applicant currently receiving any injections or taking any medication?  Yes  No If yes, please give name(s) of medication(s) and injections and diagnosis.

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Will the applicant require any orthodontic care during the coming year?  Yes  No If yes, attach a statement from the orthodontist, indicating present status, exact care essential to the orthodonture and date care will be completed. (Orthodontic work may not be covered under the Program's Medical Insurance.)

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

ID Number: \_\_\_\_\_

If the applicant is female, does she have any problems in connection with her menstruation?  Yes  No  
If yes, please explain how this affects her normal activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### HISTORY OF IMMUNIZATIONS/ VACCINATIONS

Vaccine/Test	Date (month/year)	Date (month/year)	Date (month/year)	Date (month/year)	Date (month/year)
Diphtheria	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____
Polio - Vaccine Type	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____
Tetanus/Toxoids (Td)	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____
Pertussis	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____
Mumps	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____
Rubella	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____
Measles (Rubeola)	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____
Tuberculosis (Mantoux Test or BCG Test)	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____
Hepatitis B	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____
Smallpox	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____
Typhoid	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____
Cholera	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____
Yellow Fever	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____
Other	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____
Other	_____1_____	_____2_____	_____3_____	_____4_____	_____5_____



## Au Pair Reference

Please type or print in dark ink. Completed references should be sent directly to the EurAupair programm office/representative.

Name of Applicant: \_\_\_\_\_ ID Number: \_\_\_\_\_

**Reference Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

\_\_\_\_\_ Do you speak English?  Yes  No

How many years have you known the applicant? \_\_\_\_\_

Please describe your relationship to the applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The applicant has applied for participation in the Eur Aupair Intercultural Child Care Program. EurAupair is an international exchange organization dedicated to fostering cultural enrichment and intercultural understanding through youth exchange programs. If accepted, the applicant will spend a year living with an American host family, participating directly in their home life, providing child care assistance (45 hours each week), and attending a U.S. post-secondary educational institution. In order for EurAupair to better evaluate the applicant's eligibility for the exchange experience we would appreciate your opinion on the following:

- From your knowledge of the applicant, please rate her/him in the following areas:  
Ex = Excellent, V Gd = Very Good, Gd = Good, Fr = Fair, Pr = Poor, or leave blank if unknown.

	Ex	V Gd	Gd	Fr	Pr		Ex	V Gd	Gd	Fr	Pr
Overall Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Composure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Towards Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Entertain Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Relate to Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Relate to Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Preset Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Please indicate the responsibilities with which, in your opinion, the applicant could be entrusted:

Yes	No	Unknown		Yes	No	Unknown	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child(ren)'s Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drive Child(ren)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baths for Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervise Child(ren)'s chores
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child(ren)'s Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan Child(ren)'s Activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Infant(s) (older than 3 months)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care for Sick Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift/Carry Child(ren)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mentally Handicapped Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physically Handicapped Child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care for Twins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Multiple Children/Different Ages

3. Has the applicant taken care of your child(ren) or child(ren) under your care?  Yes  No

When did the applicant last care for the child(ren)? \_\_\_\_\_

How old are/were the child(ren) while under the applicant's care? \_\_\_\_\_

How often does/did the applicant care for the child(ren)? \_\_\_\_\_

4. Do you feel perfectly comfortable recommending the applicant to a prospective host family, understanding that she/he will spend a year living with the family and caring for their child(ren)?  Yes  No

Additional Comments/Observations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. To your knowledge has the applicant ever been arrested or shown any socially unacceptable behavior?  Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. To your knowledge has the applicant ever abused alcohol, and/or used illegal drugs or other controlled substances?

Yes  No If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. To your knowledge has the applicant had any psychological or emotional problems?  Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. In your opinion, what are the applicant's strongest qualities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_