

HOLY SPIRIT CHILD CARE - YOUTH APPLICATION

Please Print

Name _____ Date of Birth (mo/day/year) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email address: _____

Parent's Names _____

Parent's Phone numbers

1. Work _____ Cell _____ 2. Work _____ Cell _____

School _____ Current Grade _____

Why do you want to this job with the Child care ministry of Holy Spirit Parish? _____

Days/Evenings **NOT** available to work _____

Training/experience you have that applies to this position in working with children (include dates) _____

Emergency Contact-Name _____ Relationship _____

Phone Number :Home _____ Work _____ Cell _____

JOB DESCRIPTION AND GUIDELINES ARE POSTED ON THE HOLY SPIRIT CATHOLIC CHURCH WEBSITE. PLEASE READ PRIOR TO SIGNING THIS APPLICATION.

I certify that this application is true and correct to the best of my knowledge and belief.

Applicant Signature _____ Date _____

I certify that I authorize my child to participate in the Child Care Ministry at Holy Spirit Parish, and understand that I am responsible for my child's transportation to and from the job.

Parent Signature _____ Date _____