



Mentor/Caregiver Application Form

Date of Application	
How did you hear about Spectrum?	
Full Name First, Middle, Last	
Date of Birth	
Address	
Phone Number	
Emergency Contact	
SIN (required for T4A paid caregivers)	
Interested in working as	<input type="checkbox"/> volunteer <input type="checkbox"/> paid position
Email	
Relevant Education, Courses etc	
Relevant Work Experience (please include any volunteer work)	
Do you have current criminal record check? If so, when was it done?	
Do you have current Infant CPR? IF so, what is the expiry date?	

What do you consider to be your special strengths around childcare?
What age of child do you most enjoy?
Are you interested in providing parenting guidance and support to mothers?
How do you feel about working with mothers who are in recovery from addiction?
Do you have your own transport?
Are you willing to go to the child's home?
Please list here the days of the week and hours that you are available i.e. day/evening/weekend
Are you willing to attend training workshops?
Can you commit to a regular schedule?
What else would you like me to know?
Name and phone number for two references (these can be submitted later if preferred): 1) 2)

Signed _____