

Respite Care Services At The Arc



Respite Interest Profile

Date: _____

PERSONAL:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Gender: ___M ___F

Are you over 18? ___Yes ___No

In case of emergency, notify: _____

Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

EXPERIENCE:

Have you ever provided care for children with disabilities? ___Yes ___No

If yes, please list your experiences _____

Describe any experience you have had with children (including your own) _____

Have you had any courses in early childhood, child development, or child health?

_____Yes _____No

Are you certified in National Safety Council First Aid? (Training provided by Arc)

_____Yes _____No Date of Expiration _____

Are you certified in National Safety Council Infant/ Child CPR? (Training provided by Arc)

_____Yes _____No Date of Expiration _____

Do you have a valid driver's license?

_____Yes _____No Date of Expiration: _____

Do you have any current driver violations? _____Yes _____No

EDUCATION:

Please indicate highest level of education completed:

_____High School ___College _____Graduate School

Degree or Major (specify) _____

Other training/education _____

EMPLOYMENT:

Current Employer: _____

Position: _____

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