



Mid-Valley Parenting Child Care Provider/Volunteer Application

Contact Information

Name: _____ Preferred Name: _____

Address: _____ City: _____ State: _____ Zip: _____

If you have a different mailing address, please list below:

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor involving dishonesty or fraud? Yes No

If you answered yes to either of these questions, please explain: _____

Are you currently enrolled in school Yes No

If yes, where? _____

Are you 18 years of age or older? Yes No

Availability

Please check the boxes to indicate the days and times that you will be available:

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the boxes to indicate what you are interested in helping with:

Child Care for Parenting Classes One-Time Events Other: _____

Please check the boxes to indicate where you are available to provide child care: Polk County Yamhill County

Please check the boxes to indicate if there are specific communities that you are interested in providing child care in:

- Dallas Independence Amity Newberg/Dundee
- Falls City Monmouth Dayton Sheridan/Willamina
- Grand Ronde West Salem McMinnville/Lafayette Yamhill/Carlton

Emergency Contact

Name: _____ Phone: _____

Signature

Signature: _____ Date: _____

Parent Signature: _____ Date: _____