



CONNECTING FAMILIES

Babysitter Stipend Request

County/Area: _____

Babysitter Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Daytime Phone: _____ Evening Phone: _____

Date of Service: _____

FAFS will provide a \$30 stipend for each date of service.

Please allow 2-3 weeks for stipend processing.

Babysitter Name	Signature	Date
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Volunteer Chair Name	Signature	Date
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Volunteer Chair must submit completed request no later than 5 days following date of service to:

**Your assigned FAFS Family Advocate
FAFS, 101 College Rd East, 3RD Floor, Princeton, NJ 08540
or Fax to 609-520-1515 or e-mail**