



CONNECTING FAMILIES

Babysitter Application

County/Area: _____

Babysitter Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Daytime Phone: _____ Evening Phone: _____

Are you over the age of 18? Yes/No

If no, are you over the age of 16? Yes/No

Do you reside in a NJ licensed resource home? Yes/No License Number: _____

Please list personal (excluding family) or work related reference.

Name: _____ Phone: _____ Type: ☐ Personal ☐ Work

Babysitter Responsibilities:

Babysitters are responsible for general supervision of children and youth while parents participate in FAFS' Connecting Families meetings and/or activities. For the protection of sitters, children and FAFS, sitters may never be alone with a single child at any time.

Babysitters are encouraged to discuss planned activities (i.e. coloring, arts and crafts, games, movie) with Volunteer Chair prior to babysitting services.

FAFS will provide a \$30 stipend for each date of service upon the completion and submission of FAFS Babysitter Stipend Request Form. Please allow 2-3 weeks from date Babysitting Stipend Request is received by FAFS for stipend processing.

Babysitter Name

Signature

Date

For FAFS Office Use:

Date Received by FAFS: _____

Background Check Completed: _____

Approved by FAFS: _____

Fingerprinting Completed: _____

Date: _____