

Babysitting Cooperative Interest Form

Name:

Age:

Email Address:

Telephone Number:

Address:

How many children do you need a babysitter for?

What is the age and gender of each child? i.e. girl, age 8

How often do you need a babysitter?

- At least once a week during the day
- At least once a week in the evening
- At least once a month

How many children (not counting your own) are you able to babysit at a time?

Will you commit to receiving training/certification in CPR/AED/First Aid/Mental Health First Aid?

Will you obtain clearances/background checks?

Can you commit to participating in the co-op (babysitting children and attending monthly meetups) for the next 6-12 months?

How do you think the group might be useful to you and, your children? What would you like to offer to the group?

Is there anything else you would like us to know?