St. Mary's County Recreation and Parks

Please Complete This page If You Are Applying For a Position Within the Licensed Extended Day / Youth Camps Division

TREATMENT STATUS / NON-CONVICTION STATEMENT

The following information items must be completed and submitted before starting work as care giver. (This information required by the Maryland Office of Child Care is similar to the information required of all persons who apply for child care work in other states).

1. TREATMENT STATEMENT

I, (full name)_____ state that:

☐ I am not currently receiving treatment for alcoholism, drug abuse, or child abuse problems

☐ I am currently receiving treatment for (Check applicable service)

☐ Alcoholism ☐ Drug Abuse ☐ Child Abuse

If receiving treatment, please explain_____

_____

2. NON-CONVICTION STATEMENT: **PLEASE NOTE: All child care applicants must undergo Criminal Background Check**

I, (full name)_____ state that I have never been convicted by any law of any state for lascivious acts with a child, child neglect, or child abuse.

_____ _____

DATE SIGNATURE

AVAILABILITY OF WORK

1. I will be available: ☐ All year ☐ Summer only ☐ Full time ☐ Part time ☐ Substitute

2. Please list phone numbers where you may be reached; include pager and/or cellular phone numbers

	Number		Where is this phone number located?	Hours
a.	_____	☐ Phone ☐ Cell ☐ Pager	_____	
b.	_____	☐ Phone ☐ Cell ☐ Pager	_____	
c.	_____	☐ Phone ☐ Cell ☐ Pager	_____	

3. Program Hours Are As Follows:

School Age Centers (Mon.-Fri., 6:30 – 9:00 am & 3:00 – 6:30 pm)

Pre-Kindergarten Extended Day Program (Mon.-Fri., 6:30am-6:30pm)

Summer Camps (Mon.-Fri., 6:30 am – 6:00 pm)

What times are you available for work?

Monday _____ ☐am ☐pm to _____ ☐am ☐pm

Tuesday _____ ☐am ☐pm to _____ ☐am ☐pm

Wednesday _____ ☐am ☐pm to _____ ☐am ☐pm

Thursday _____ ☐am ☐pm to _____ ☐am ☐pm

Friday _____ ☐am ☐pm to _____ ☐am ☐pm

Saturday _____ ☐am ☐pm to _____ ☐am ☐pm

Do you hold current certification in the following **(MUST provide certificate):**

First Aid _____ Lifeguard _____

Adult CPR _____ Canoe Instructor _____

Child CPR _____ Archery Instructor _____

Infant CPR _____ Water Safety Instructor _____

Have you been certified by Child Care Administration as:

Infant/Toddler Staff qualified _____ Group Leader qualified _____

Senior Staff qualified _____ *School Age Director qualified _____

Asst. Group Leader qualified _____ *Child Care Director qualified _____

*Must be available for mid-day meetings, 1-2 days per week

Revised 5/17/05