



APSEA Summer Support Program - Support Worker Application Form

Child/Youth Information

Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

E-Mail Address: _____ Telephone: _____

Itinerant Teacher: _____

Program Information

Name of Program (attach brochure/program description): _____

Dates and Hours of Program: _____

Specify Days and Hours Requested: _____

Contact Information for Program Leader/Director: Name: _____

E-mail: _____ Telephone: _____

Support Worker Information

NOTE: A current resume must accompany this application. If this application is approved, a current Criminal Record Check (applies to all provinces) and Child Abuse Registry/Community Services Clearance (applies to Nova Scotia & PEI) for the Support Worker must be forwarded to and received by the Director of Programs BVI or DHH, by Friday, June 16. If this information is not received on or before this date, funding will no longer be approved.

Name of Support Worker: _____

Address: _____

(Full mailing address including postal code)

E-mail: _____ Telephone: _____

Signature of Parent/Guardian: _____ Date: _____