

# CANADIAN WORK OPPORTUNITIES HOST FAMILY APPLICATION

Please complete the entire application. Type or print in black ink. If you feel uncomfortable or don't know how to answer a question, leave it blank or mark "N/A". Please answer the questions as completely as possible to help ensure a successful placement. Even if it is not required, you can include a letter to the Au Pair/ Caregiver.

GENERAL INFORMATION:	Host Father	Host Mother
First Name		
Last Name		
Occupation		
Start/End of Work Hours weekly	to	to
Travel Time To/From		
Business Name		
Business Address		
Work Phone Number		
Work Fax Number		
Work E-mail Address		
Frequency and duration of work-related travel away from home		
Home Address		
City / State / Postal Code		
Home Phone		
Home Fax		
Home E-mail		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Please list Resident Status		
Spoken Language(s)		

GENERAL INFORMATION:	Children		
Name			
Birth Date			
Sex			
Special Interests	_____	_____	_____
Activities or Concerns	_____	_____	_____

ARRIVAL INFORMATION FOR THE CAREGIVER:	
Preferred Arrival Date	
Preferred Arrival Airport	

HOUSEKEEPING INFORMATION:		
Do you have a housekeeper, cleaning service or yard maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How often? <input type="checkbox"/> _____ per week <input type="checkbox"/> _____ per month		
Do you expect this to change with the arrival of your Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please describe the housekeeping/kitchen and other duties beside childcare: _____		
_____		
How important is it to have your home clean and tidy? Please describe: _____		
_____		
Type of home (Please check where applicable):		
Apartment: <input type="checkbox"/> Low Rise <input type="checkbox"/> High Rise <input type="checkbox"/> Condominium		
House: <input type="checkbox"/> Town House <input type="checkbox"/> Duplex <input type="checkbox"/> Detached House		
Number of rooms:	Number of Floors	Square footage:

ACCOMMODATION & PRIVILEGES FOR THE CAREGIVER:		
<input type="checkbox"/> Private bedroom	<input type="checkbox"/> Separate level from family	<input type="checkbox"/> Separate quarters
<input type="checkbox"/> Private bathroom	<input type="checkbox"/> Shared bathroom	with whom: _____
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Own car	<input type="checkbox"/> Childcare-related use only	<input type="checkbox"/> Limited personal use
<input type="checkbox"/> Unlimited personal use	Please explain: _____	
Access to telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictions: _____	
Access to television? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictions: _____	
Friends over? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictions: _____	
Other privileges: _____		

FAMILY / HOME NEIGHBORHOOD:		
Please state location of employment:		
<input type="checkbox"/> Metropolitan	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural
Is your family in good health? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____		
_____		
Religious affiliation(s) <input type="checkbox"/> Protestant <input type="checkbox"/> Catholic <input type="checkbox"/> Jewish <input type="checkbox"/> Other _____		
Are there frequent overnight guests? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there any smoking in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain (by whom/how much): _____		
_____		
Are there any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe: _____		
Have there been any incidents of domestic violence in your family that were reported to the police or social service agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: _____		
_____		

Has anyone in your home ever been convicted of any offense other than a minor traffic violation?  
 Yes    No   Please explain: \_\_\_\_\_

How close are you to churches, shopping centers, entertainment, etc.? \_\_\_\_\_  
 \_\_\_\_\_

Describe any other cultural experiences your family has had: \_\_\_\_\_  
 \_\_\_\_\_

**QUALIFICATIONS OF THE CAREGIVER:**

Does your Caregiver need to be . . .  Female    Male    Either  
 Does your Caregiver need to be able to . . .  Drive    Swim    Cook  
 Can the Caregiver be of another race?  Yes    No  
 Can the Caregiver be of another religion?  Yes    No  
 What nationality(ies) do you prefer? \_\_\_\_\_  
 What languages do you prefer? \_\_\_\_\_  
 Please specify the nature of the live-in care required: \_\_\_\_\_  
 \_\_\_\_\_

Please outline any specific qualifications your prospective Caregiver must possess:

1)	2)
3)	4)
5)	6)

List other qualifications / restrictions (distinguish between what you require and what you prefer): \_\_\_\_\_  
 \_\_\_\_\_

What do you feel are the most important characteristics of a successful Caregiver / Host Family relationship? \_\_\_\_\_  
 \_\_\_\_\_

**WORKING HOURS AND WAGES:**

Hours of work per day:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
from ___ to ___	from ___ to ___	from ___ to ___	from ___ to ___	from ___ to ___	from ___ to ___	from ___ to ___

Total hours of work required per week: \_\_\_\_\_

Is the Caregiver required to work irregular hours / shifts?  Yes    No   Please specify: \_\_\_\_\_  
 \_\_\_\_\_

Days off: \_\_\_\_\_

Paid vacation (No of weeks): \_\_\_\_\_

Gross Wage: \$ \_\_\_\_\_ per    hour    week    month

**LEISURE TIME:**

How do you spend your leisure time and what major interests do you have that may affect your Caregiver requirements? \_\_\_\_\_

\_\_\_\_\_

Do you have any vacation plans for the next year to which your Caregiver will be invited? \_\_\_\_\_

\_\_\_\_\_

What vacation expenses will your Caregiver be expected to pay? \_\_\_\_\_

\_\_\_\_\_

For remaining vacations should your Caregiver's vacation coincide with yours? \_\_\_\_\_

\_\_\_\_\_

**PRIOR EXPERIENCE WITH CAREGIVERS:**

Have you ever had live-in help before?  Yes  No

If yes, was your experience a good one?  Yes  No Please explain: \_\_\_\_\_

\_\_\_\_\_

Name of prior Caregiver or Nanny: \_\_\_\_\_

Agency used, if any: \_\_\_\_\_

Length of Stay: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU HEAR ABOUT CANADIAN WORK OPPORTUNITIES:**

Website  Yellow Pages  Poster  Flyer/literature

Referral Referred by: \_\_\_\_\_

Other Please specify: \_\_\_\_\_

**REFERENCES (non-relatives):**

Name	Phone Number	Relationship to You
1.		
2.		

Host Father's Name \_\_\_\_\_  
Print

Host Father \_\_\_\_\_ **NO SIGNATURE** Date \_\_\_\_\_  
Signature

Host Mother's Name \_\_\_\_\_ **REQUIRED** \_\_\_\_\_  
Print

Host Mother \_\_\_\_\_ Date \_\_\_\_\_  
Signature