

**BABYSITTING CO-OPERATIVE
MEMBERSHIP APPLICATION**

Wife's Name: _____

Husband's Name: _____

Address: _____

Home Phone: _____ Work Phone (Wife): _____

Work Phone (Husband): _____ Email: _____

Pets: _____ (number and type)

<u>Children</u>	<u>Name (s)</u>	<u>Birth Date(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you learn about this co-op? (members names, if any) _____

Other References (Name, address, phone, relationship):

How long do you expect to live at the above address? _____

Does the husband anticipate filling evening sits at another member's home? _____
If so, the husband should plan to participate in the interview.

To be signed on application:

I/We have read the by-laws of the _____ Babysitting Co-operative and understand that the co-op entails mutual obligations benefits to be exchanged with other members. I/We hereby apply for membership in the co-op.

Wife's Signature: _____

Husband's Signature: _____

Date: _____

To be signed on admission:

I/We agree to fulfill our responsibilities as members of the _____ Babysitting Co-operative, as outlined in the by-laws.

Wife's Signature: _____

Husband's Signature: _____

For use of the coordinator:

Applicant name: _____

Date application received: _____

By (Coordinator): _____

Notes on initial contact: _____

Date of interview: _____

Interview conducted by: _____

Notes on interview: _____

Date of admission: _____