

## Application Form



Please type or write neatly in **black ink**. This application will be presented to potential host families.

### Au Pair Applicant

1. First name: \_\_\_\_\_  
*As written in passport*

Last name: \_\_\_\_\_  
*As written in passport*

Street: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ Passport number: \_\_\_\_\_  
*If renewing your passport before your departure, please leave blank  
If you do not have a passport, please apply for one immediately*

2.  Phone number: 011 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Other phone number: 011 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Country code Area Code Local number Country code Area Code Local number*

Mobile Phone: 011 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Please check the number at which you are most likely to be reached.  
*Country code Area Code Local number*

When is the best time for a host family to reach you (your time zone)? \_\_\_\_\_

E-mail address: \_\_\_\_\_

How often do you check this email address?  Daily  Weekly  Rarely

3. Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex:  Female  Male

City of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_

National residence: \_\_\_\_\_ Nationality/citizenship: \_\_\_\_\_

### Family Information

4. Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home phone: 011 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home phone: 011 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business phone: 011 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business phone: 011 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. Name(s) and age(s) of brother(s)/sister(s): \_\_\_\_\_

6. What language is spoken in your home? \_\_\_\_\_

7. What other languages do you speak? \_\_\_\_\_

### Educational and Work Experience

8. What is your current occupation?  Student of \_\_\_\_\_  Recent graduate from \_\_\_\_\_  Employed as \_\_\_\_\_

9. When did/will you finish your secondary education? What type of education do you have? \_\_\_\_\_

10. What would you like to do when you return from the USA? \_\_\_\_\_

11. Please describe your experience with household duties (cooking, cleaning, etc.): \_\_\_\_\_

12. Please describe any work experience/practical training other than childcare that you have had. Start with the most recent.

What did you do?	When (from/to)?
1) _____	_____
2) _____	_____
3) _____	_____

## Driving

13. When did you start practicing to drive? Month \_\_\_\_\_ Year \_\_\_\_\_ Comments: \_\_\_\_\_
- When did you get your drivers license: Month \_\_\_\_\_ Year \_\_\_\_\_  I do not have a drivers license yet, I plan to take it on \_\_\_\_\_  
(month)
  - Approximately how many times per week do you drive? \_\_\_\_\_
  - What access do you have to a car? (e.g. use family car, have my own car etc. ) \_\_\_\_\_
  - Is your driving experience with a car with:  Automatic transmission  Stickshift (standard) transmission  Both
  - Where do you usually drive? (e.g. on city streets, in a village, on high ways, busy roads etc.) \_\_\_\_\_
  - Are you used to drive in winter conditions?  Yes  No Comments: \_\_\_\_\_
  - Would you feel comfortable driving with children in the car?  Yes  No Comments: \_\_\_\_\_
  - Are you willing to drive in the USA as an au pair?  Yes  No Comments: \_\_\_\_\_
  - Have you ever been in a car accident?  Yes  No Comments: \_\_\_\_\_

## Personal information

14. Do you smoke?  Yes  No  Seldom/social smoker If yes, or seldom/social smoker, please explain. \_\_\_\_\_

If you do smoke, do you agree not to smoke in your host family's home and whenever responsible for and with the children?  Yes  No

15. Can you live with pets?  Yes  No If no, what pets are you **not** able to live with? \_\_\_\_\_  
Comments: \_\_\_\_\_

16. Do you have any tattoos or piercings?  Yes  No If yes, please describe: \_\_\_\_\_

17. What is your religion? \_\_\_\_\_  Non-denominational (e.g. no specific church)  
Do you attend religious services?  Weekly  Monthly  Occasionally  Special holidays  Never

18. Please check off if you have had or have any of the following:  allergies  chronic health conditions  epilepsy  physical disabilities  
 eating disorder  depression  seen a psychiatrist  contagious disease If yes, please specify in detail: \_\_\_\_\_

Could this affect your duties as an au pair?  Yes  No If yes, please specify: \_\_\_\_\_

19. Do you follow a special diet (vegetarian, food allergies etc.)?  Yes  No If yes, please explain: \_\_\_\_\_

20. Would you consider living with a host family that followed a special diet (e.g. vegetarian, kosher)?  Yes  No

21. Have you ever been away from home for an extended period of time?  Yes  No If yes, how long? \_\_\_\_\_  
Where did you go and what did you do? \_\_\_\_\_

## Interests and Hobbies

22. Please describe your interest and experience in the following areas, and how often you participate in them:

**Sports** (e.g. swimming, soccer, basketball, skiing, rollerblading, jogging, diving etc.)

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**Arts/Entertainment** (e.g. museums, movies, theatre, reading, ballet, dancing, sightseeing etc.)

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**Music/Instruments** (e.g. listen to music, play an instrument such as piano, guitar etc.)

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**Creative activities** (e.g. photography, drawing, handicrafts, writings, arts etc.)

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**Outdoorsy activities** (e.g. hiking, camping, biking, sailing etc.)

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**Other** (e.g. computers, cooking, travel, meeting friends etc.)

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23. Please describe any other activities or interests you participate in and enjoy? \_\_\_\_\_

24. Do you swim?  Yes  No Please rate:  Strong  Good  Weak  I would like to learn

Would you feel comfortable being responsible for children while they are in a pool or on the beach?  Yes  No

Comments: \_\_\_\_\_

**Childcare information**

25a. Please describe in detail, all of your childcare experiences and what your responsibilities were with the children. Start with your most significant experience. If you worked in a group setting (such as daycare center, playgroups etc.), please indicate the number of children in the group and the age range. You do not need to list the children separately.

**1. Type of childcare:** \_\_\_\_\_

**Reference name:** \_\_\_\_\_

Information about the children:

When and how often did you take care of these children?

Name of the children:	Sex (M/F):	Age started:	Age stopped/ongoing:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Started (month/year or dates):	month_____year_____
Ended (month/year or dates):	month_____year_____
Average number of days/month?	_____days
Average number of hours/day?	_____hours
Total number of hours for this experience:	_____
Were any of these children under the age of 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many hours did you care for them?	_____hours

Please describe what you did while you cared for the children and whether or not you were alone with them:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Type of childcare:** \_\_\_\_\_

**Reference name:** \_\_\_\_\_

Information about the children:

When and how often did you take care of these children?

Name of the children:	Sex (M/F):	Age started:	Age stopped/ongoing:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Started (month/year or dates):	month_____year_____
Ended (month/year or dates):	month_____year_____
Average number of days/month?	_____days
Average number of hours/day?	_____hours
Total number of hours for this experience:	_____
Were any of these children under the age of 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many hours did you care for them?	_____hours

Please describe what you did while you cared for the children and whether or not you were alone with them:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Type of childcare:** \_\_\_\_\_

**Reference name:** \_\_\_\_\_

Information about the children:

When and how often did you take care of these children?

Name of the children:	Sex (M/F):	Age started:	Age stopped/ongoing:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Started (month/year or dates):	month_____year_____
Ended (month/year or dates):	month_____year_____
Average number of days/month?	_____days
Average number of hours/day?	_____hours
Total number of hours for this experience:	_____
Were any of these children under the age of 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many hours did you care for them?	_____hours

Please describe what you did while you cared for the children and whether or not you were alone with them:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Type of childcare:** \_\_\_\_\_

Information about the children:

**Reference name:** \_\_\_\_\_

When and how often did you take care of these children?

Name of the children:	Sex (M/F):	Age started:	Age stopped/ongoing:	Started (month/year or dates):	month____year____
_____	_____	_____	_____	Ended (month/year or dates):	month____year____
_____	_____	_____	_____	Average number of days/month?	_____days
_____	_____	_____	_____	Average number of hours/day?	_____hours
_____	_____	_____	_____	Total number of hours for this experience:	_____
_____	_____	_____	_____	Were any of these children under the age of 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	If yes, how many hours did you care for them?	_____hours

Please describe what you did while you cared for the children and whether or not you were alone with them:

\_\_\_\_\_  
\_\_\_\_\_

**25b.** Can you get more child care experience before you depart for the US?  Yes  No  Maybe

If yes/maybe, with: ( ) Children ages 0-1 ( ) Children age 1-2 ( ) Children age 2-4 ( ) Children ages 4 and up?

If yes/maybe, how many hours do you think you will have? \_\_\_\_\_

**26a.** Do you have experience with special needs/handicapped children?  Yes  No If yes, please include reference in this application.

If you have experience, what kind of experience and how many hours? \_\_\_\_\_

**26b.** If you have experience, would you consider caring for special needs/handicapped children?  Yes  No

Please specify:  Mentally disabled  Physically disabled Comments: \_\_\_\_\_

**Additional information**

**27.** Please describe any talents or skills you have that would be useful when caring for children: \_\_\_\_\_

**28.** Have you ever been a leader and/or instructor? If yes, what kind? \_\_\_\_\_

**29.** Do you have any training and/or certificates for the following:  First Aid  CPR Other: \_\_\_\_\_

**30.** What activities (outdoors and indoors) would you like to do with the children in your host family? \_\_\_\_\_

**31.** Please describe your views on raising children: \_\_\_\_\_

**32.** Why should a family choose you as their au pair? \_\_\_\_\_

I certify that the information provided in this application is complete and accurate. I understand that my acceptance onto the Cultural Care Au Pai program and selection by a host family is dependent upon review by Cultural Care potential host families of all information provided to the agency including but not limited to the Criminal Background Check, Personal Health Information and Certificate of Health.

\_\_\_\_\_  
Au pair signature

\_\_\_\_\_  
Date (day/month/year)

