#  Support Worker Application

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| --- | --- |
| Applicant Information |  |
| Name |  |
| Age |  |
| Pronouns Used |  |
| BC Driver License  |  |
| BC Residence since: |  |
|  Nanaimo Residence since: |  |
| Criminal Record Status |  |
| Address |  |
| E-mail |  |
| Phone # |  |
| Availability Status Weekdays: |  |
| Afternoons/Evenings |  |
| Availability Status Weekends: |  |
| At least 6-month commitment |  |
| Reference Information |  |
| Name & Profession |  |
|  Contact Information |  |
| Name & Profession |  |
| Contact Information |  |
| Experience Working with a Non-Verbal Person |  |
| Duration: |  Location: |
| Contact Information |  |
| Experience Working with Special Needs Individuals |  |
| Duration: | Location: |
| Contact Information |  |
| Experience working with a Child |  |
| Duration: | Location: |
| Contact Information |  |
| **Date:** | **Signature:** |
|  |  |

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