

**After School Childcare Program  
Baldwin County Public Schools  
High School Helper Application**

Complete this Application Form and submit to mproctor@bcbe.org or the Site Manager for Afterschool Care at the School. Please attach a copy of your Drivers License, Social Security Card, & Worker Permit when submitting documents.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Social Security # \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

At which school would you prefer to work? \_\_\_\_\_

Are there other schools at which you would be willing to work if needed? \_\_\_\_\_

**Required Information:** Education (Location/dates/certificates or diplomas earned)

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How many afternoons per week would you be willing/able to work each week if selected for employment?    1    2    3    4    5

Are there specific afternoons each week, when you know you would be unavailable to work in our program? If so, please list these.

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Work history: **MUST BE COMPLETED** or application is considered incomplete: (beginning with current)

Location	Position(s)	Months/year employed
_____	_____	_____
_____	_____	_____

