



PARENT TRUST
FOR WASHINGTON CHILDREN

FAMILY HELP LINE PROGRAM ASSISTANT AND PARENTING COACH APPLICATION

(Work Study Position)

Name: _____

Address: _____
(street) (city) (zip)

Phone: _____
(home) (work)

Email address: _____

1. How did you hear about the Family Help Line?
2. What attracted you to the Family Help Line?
3. What are your educational and career goals?
4. Please describe previous or current work or volunteer experience you have had with families.
5. Do you have a state work-study grant? What is the amount?
6. How many hours would you like to work each week? Do you have daytime hours available Monday through Friday to work in our office?
7. When would you be available for an interview, sometime between 9:00 am and 4:00pm, Monday through Friday?

REFERENCES

Please provide the names, full addresses and phone numbers of two persons we may contact for a reference. The professional reference should be someone you worked with in a paid or volunteer position. Do not use family members. Please print clearly.

PROFESSIONAL REFERENCE

Name: _____

Title/Organization: _____

Address: _____
(street) (city & state) (zip)

Phone: _____
(daytime)

Email: _____

PERSONAL REFERENCE

Name: _____

Address: _____
(street) (city & state) (zip)

Phone: _____
(daytime)

Email: _____

I authorize a representative of Parent Trust for Washington Children to contact the people listed here for a reference.

Date: _____

Signature: _____

Print Name: _____

