

If interested in becoming a Family Carehome, please complete and email form to mail@jhsni.bc.ca

Full Name _____

Phone _____ Email _____

Address _____ City _____ Postal Code _____

Preferred Method of Contact: Phone Email Either

Where did you hear about the need for John Howard Caregivers? Please select all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Community | <input type="checkbox"/> Newspaper/Band Newsletter |
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Internet/Social Media | <input type="checkbox"/> Recruitment Material (Poster) |
| <input type="checkbox"/> Friendship Centre | <input type="checkbox"/> Radio | <input type="checkbox"/> Advertisement |

Family Status * Single Married Common Law

Age Range * 19-29 30-39 40-49 50+

Does anyone in your home have an Indigenous Heritage? Yes No

What type of parenting experience do you have?

- Biological Adoptive Foster None Other

If other, what type? _____

Are you currently parenting? Yes No

Info on children in the home (age, gender, etc.)

Info on those older than 19 in the home (relationship, etc.)