



**EFM(P) RESPITE CARE
PROVIDER INFORMATION**

*Send this completed form with a resume to ENMRSH, Inc. HR Clerk Natalie Brown.
Email: natalie.brown@enmrsh.org Fax: 575-763-4158 (Attn: Natalie Brown)
Phone: 575-762-3718*

Name _____

Education

College/university _____

Emphasis _____

Date graduated _____ Anticipated graduation date _____

Related Courses:

- | | | |
|--|---|---|
| <input type="checkbox"/> Child/Human Development | <input type="checkbox"/> Child Psychology | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Special Education | <input type="checkbox"/> Therapeutic Rec. |
| <input type="checkbox"/> Speech and Language | <input type="checkbox"/> Elementary Education | <input type="checkbox"/> Social Work |

Other _____

Work/Volunteer Experience

- | | |
|--|--|
| <input type="checkbox"/> Speech and language delays | <input type="checkbox"/> Child Care /School Age Care |
| <input type="checkbox"/> Behavior or emotional disorders | <input type="checkbox"/> Teens |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Seizure Disorders |
| <input type="checkbox"/> Medically fragile children | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Special Skills

- | | |
|--|--|
| <input type="checkbox"/> Languages _____ | <input type="checkbox"/> America Sign Language |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Special Circumstances

Do you have any allergies that would preclude you from working in certain environments? (e.g., pet allergies, smoking)

Service Areas

(Check all locations you are willing to serve)

___ Clovis, NM ___ Cannon Air Force Base ___ Portales, NM

Availability

Are you currently open for respite child care referrals? ___ Yes ___ No

Please list your current available times below:

Daytime hours

Evening Hours

Overnight



	Daytime hours	Evening Hours	Overnight
Sunday			<input type="checkbox"/>
Monday			<input type="checkbox"/>
Tuesday			<input type="checkbox"/>
Wednesday			<input type="checkbox"/>
Thursday			<input type="checkbox"/>
Friday			<input type="checkbox"/>
Saturday			<input type="checkbox"/>

References

Please list two professional and one personal reference who you have known for at least one year and is not related to you. Include their full name, relationship and complete contact information.