



2020-2021 CHILD CARE ENROLLMENT QUESTIONNAIRE

LAST NAME: _____ FIRST NAME: _____ MI: _____

LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER: _____

YOUR ADDRESS: _____

Do you need assistance with child care in order to serve as an AmeriCorps Member?

YES NO

SIGNATURE: _____ DATE: _____

****REQUIRED TO BE COMPLETED BY ALL FT MEMBERS – EVEN IF DECLINING****