



Application for Caregiver Photo I.D.

Use this application if you are a resident requesting caregiver I.D.

Please Print

Applicant Information

Group Name: _____ (if applicable)

Representative / Applicant: _____ Date: _____

Address: _____ Photo I.D. # _____

_____ Phone # _____

Name/s of dependents: _____ age _____, _____ age _____, _____ age _____,

_____ age _____, _____ age _____, _____ age _____

Copy applicants ID here

Copy Caregiver ID here

Caregiver's Name: _____; relationship to applicant, _____ residing at _____; phone # _____ age: _____

Caregiver's Signature: _____; Date: _____

I, _____ am requesting a baby sitter / caregiver ID, under the rules and regulations as set forth by Smith's Clove Park's Joint Parks and Recreation Commission governing a baby sitter / caregiver with the understanding that a baby sitter / caregiver is defined as someone over the age of 18 who is employed or officially appointed to provide care to an underage or challenged individual on a full or part time basis. The underage or challenged individual must otherwise meet the residency requirements necessary for use of Smith's Clove Park. I further understand and agree that I will be held responsible for the actions of the baby sitter / caregiver and dependent individual in their custody and may suffer the consequence of their actions up to and including loss of the use of the park facility for me, my dependent and/or caregiver. I agree to surrender the caregiver ID directly to the park director as soon as the caregiver is no longer in my employ or neither dependent nor I, continue to meet the residency requirement. I have given a copy of the pamphlet "Photo ID Park Policies" and discussed all rules and regulations as set forth by the Monroe Joint Park and Recreation Commission to the caregiver and he/she agree to abide by the policy as written. I understand failure to return to the Park director any prior issued caregiver ID makes my application ineligible.

This information is true to the best of my knowledge and I accept the terms and policies as set forth.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY					
First Card:	Yes	No	If no, has previous card been returned:	Yes	No
Accepted by:	_____		Denied by:	_____	
Acceptance / Denial Sent via:	Mail	Phone	Other (Specify)	_____	
Explain Denial:	_____				