

# VERIFICATION OF WORK EXPERIENCE WITH CHILDREN

Dear \_\_\_\_\_:

\_\_\_\_\_ has stated that he/she worked at

\_\_\_\_\_. Please complete the following  
(Name of Program)  
regarding his/her experience:

Ages of children with whom applicant worked:

Infant/Toddler (6 weeks through 23 months) - Hours worked per week: \_\_\_\_\_  
Dates of service: month, day, year \_\_\_\_\_ to \_\_\_\_\_

Pre school (2 years through 5 years) - Hours worked per week: \_\_\_\_\_  
Dates of service: month, day, year \_\_\_\_\_ to \_\_\_\_\_

School Age (5 years through 15 years) - Hours worked per week: \_\_\_\_\_  
Dates of service: month, day, year: \_\_\_\_\_ to \_\_\_\_\_

Job duties/Position held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Program:

Licensed Child Care Center _____	Nursery School _____
Church Operated School _____	Public School _____
Recreation & Parks _____	Licensed Summer Camp _____
Other (Please describe) _____	

Name and title of person completing form: \_\_\_\_\_  
(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Please return form to: Best Buddies Learning Center  
19715 Philadelphia Rd.  
Baltimore, MD 212375