

HHS International Cultural Exchange Center. <u>www.hhscenter.com</u> <u>info@hhscenter.com</u>

## Childcare Reference

To the reference:	anat	(applicant's name) is applying to	
		olves close contact and caring for children.	
Please answer the following as ho	nestly and completely as p	nossible. The answers will be used to assist afortable writing in English, please fill out the	
reference in your native language.	You will be contacted by th	e local office to confirm this reference.	
1. What is your relationship with t			
2. For how long have you known			
<ol> <li>Please write down the sex and write the number of children ar</li> </ol>		olicant cared for (If in a group setting, please	
Approximate Dates of Care	Age/Sex(M/F) of	Type of Childcare Experience	
(From dd/mm/yy to dd/mm/yy)	Children when started	(Babysitting/Daycare/Youth Group/Au Pair/Tutoring/Other)	
01/10/2012 to 30/06/2013	Group of 12-18 mos	Daycare volunteer	
01/09/2014 to 01/12/2014	Group of 12-18 mos.	Daycare volunteer	
16/01/2015 to 27/02/2015	Group of 5 yr.olds	Skating program volunteer	
. 110 111 1 2 11 11 1			
4. What kind of activities does the ——Piay, laugh, read, assist w		the child(ren)?  ed with the skating program for the older *	Formatted; Indent: Left: 0,63 cm
group for eight sessions in the			
5. Would you recommend this ap			
young children. It is apparent the		ability to earn the trust and friendship with	
young omeron. This appearant and	the adiy oneys spending t	ante war alom.	
6. Please feel free to add any add	litional comments:		
		hildren are drawn to him and trust him is a	
key factor. His respect and genui	ne care for the children are	evident.	
1			
Reference name: <u>Lisa Gailagher</u> country code):		Telephone (including	
554.14			
Email address: <u>director.cpe@mail.</u>		Mailing	
address: 3491 Peei Street, Monta	eal, QC, CA H3A 1W7		
Do you speak English? <u>x</u> □Y □N	May host families contact y	you? □ <u>x</u> Y □N	
Best time to reach you: 10:00-1	5:00 Mon to Fri	Sina Hallshu Date:	
Reference signature: Lisa Galla	gher 24-03-2015	Syna Mallow Date:	



2/1				ate
	Character Re	formes		
	Oligiacie: Ve	tel etire		*
the reference: <u>Jamil Madanat</u> HS the HHS China Program as an last possible. The answers will be use perfortable writing in English, please by the local office to confirm this reference.	HHStudent. Please d to assist us in pl fill out the referen	acing the ap	following as ho oplicant with a fa	amily. If you don't feel
What is your relationship	with the	applicant?	(Employer,	neighbor, teacher
For how long have 2012	you known	the	applicant?	Since October,
Please describe the applicant's po		*:	*	
endly-	warm.		personable	and
Please ilst the applicant's strength				
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Email address:	SAME	Mailing address:	SAME	
Do you speak English	h? OY DN May hos	st families contact you? □Y □N	Best time to reach you:	
Reference signature:	L. Xa 00	cefer Date:	March 24, 2015	
accuracy of the translation	at I have spoken w	ith the reference listed above	, verified this information including	g the
Name (print and sign)			Date	
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