

Association Membership Application

Name _____

Address _____

City _____ Zip _____

Phone: Home/Cell _____

Office _____

Email _____

Agency _____

Length of Employment in Child Care Work _____

Current Position (select only one) Direct Care Worker Educator Supervisor
 Administrator Foster Parent Counselor/Social Worker Other: _____

Place an "x" in the practice setting/s that you are currently employed in:

EDUCATION

Early Childhood Care/Education Public or Private Schools Other

OUT-OF-HOME CARE

Foster Care Residential Treatment Transitional Living
 Physical Disabilities Juvenile Correction Emergency Shelter
 Developmental Disabilities Psychiatric Hospital Medical Hosp/Clinic
 Other

COMMUNITY-BASED SERVICES

After School Programs Prevention/Intervention Street Outreach
 Developmental Disabilities Early Intervention Program Diversion/Probation
 Physical Disabilities Recreation Day Treatment
 Youth Organization In-Home Services Private Practice/
(YMCA, Camps, Scouts, etc) Other Consulting

I have reviewed the Statement on Ethical Standards of the Ohio Association of Child and Youth Care Professionals. I accept and pledge to adhere to these ethical standards during my practice of child and youth care work (for a list of OACYCP Ethics, refer to www.helpingohiokids.org)

Signature

Date

Mail completed application and check payable to OACYCP to:

OACYCP
2411 Seaman Street
Toledo, Oh 43605



ANNUAL DUES:

2 YRS \$25.00 _____

5 YRS \$50.00 _____