



Family Support Provider Interest Form

Thank you for your interest in becoming a Family Support Provider! Please take a few minutes to complete this form.

Personal Information

Full Name: _____

Phone Number: _____

Email Address: _____

County of Residence: New Castle Kent Sussex

Availability: *(Check all that apply)*

Morning Afternoon Evening Weekend M-F Other (specify) _____

Background & Experience

1. Do you have personal lived experience with mental health challenges?

(Check all that apply)

- As a caregiver for a loved one
- Through my own mental health journey
- Both caregiver & personal experience
- Other: _____



2. Briefly describe how your lived experience has prepared you to support families in your community.

3. Have you ever provided peer or family support in a professional or volunteer capacity?

Yes No

If yes, please describe:

4. Do you have at least a high school diploma or GED?

Yes No

5. Can you provide a copy of your highest level of education?

Yes No

6. Do you have a valid driver's license and reliable transportation?

Yes No

7. Are you able to pass a criminal background check?

Yes No

8. Are you willing to obtain a Delaware business license (required for this contract position)?

Yes No

9. Are you willing and able to provide your own laptop or tablet to complete necessary work with families in the community? (This is a requirement for

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Milford De 19963
Careers@ChampionsDe.com
302-724-7229



the contract.)

Yes No

10. If selected, are you available to attend a full week of training from 9 AM to 5 PM?

Yes No



Did you bring your resume & cover letter? Yes No

Contractor Acknowledgment

This is a contract position, not traditional employment. As a contractor:

- You set your own schedule and work independently.
- You are not an employee and will not receive benefits such as health insurance, paid time off, or retirement plans.
- You are responsible for all expenses related to your work, including but not limited to travel, equipment, and supplies.
- As a contractor, your expenses may be tax-deductible. We recommend consulting a tax professional for guidance on deductions.



Acknowledgment: I understand that this is a contract position and that I will responsible for my own business expenses should I be offered a contract with Champions for Children's Mental Health.

Signature: _____

Date: _____

Thank you for completing this form! Our team will review your information and discuss next steps with you today. 

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