



CALIFORNIA FAMILY VISITATION
964 FIFTH AVENUE, SUITE 509, SAN DIEGO, CA 92101

PROFESSIONAL MONITOR TRAINING COURSE APPLICATION

Please complete this form in full, by computer or by hand, printing clearly in blue or black ink. If additional space is required, attach a separate sheet, indicating the section number that it refers to. Return a signed and completed copy via e-mail to info@cafamilyvisitation.com

This application form must be submitted before the day of the training course.

1. CANDIDATE

BIRTH	FIRST NAME	LAST NAME	DATE OF
ADDRESS CODE	CITY	STATE	POSTAL
TELEPHONE (+ area code)	E-MAIL		

2. TRAINING ACTIVITY

Indicate the course for which you are applying

DATE(S) OF COURSE	CITY LOCATION
-------------------	---------------

3. QULIFICATIONS

It is at the sole discretion of every participant to ensure they are qualified to attend this public course. No background checks are required prior to taking this course. Per the 2018 California Rules of Court Standards 5.20, the following are the required qualifications to get attend the course (as stated on our website at www.cafamilyvisitation.com on the registration page):

- (1) Be 21 years of age or older;
- (2) Have no record of conviction for driving under the influence (DUI) within the last 5 years;
- (3) Not have been on probation or parole for the last 10 years;
- (4) Have no record of a conviction for child molestation, child abuse, or other crimes against a person;
- (5) Have no civil, criminal, or juvenile restraining orders within the last 10 years;
- (6) Have no current or past court order in which the provider is the person being supervised (you have never been on supervised visitation with your own children).



4. LANGUAGE ABILITY

Please rate your language proficiency from 1 (poor) to 3 (acceptable) to 5 (very good)

FIRST LANGUAGE _____ OTHER LANGUAGES _____

Spoken					
	1	2	3	4	5
English					
French					
Spanish					
Italian					
Other					

Understanding					
1	2	3	4	5	

Written					
1	2	3	4	5	

5. PERSONAL STATEMENT

Explain why you are applying for this course, what you hope to learn from it, and how it will benefit your professional development.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

6. TUITION FOR COURSE PARTICIPATION

Applicants are expected to cover the costs of their participation for this course. Unless indicated otherwise, all participants must pay the course fees and no requests for refunds will be accepted.



7. PARTICIPANT’S STATEMENT

I declare that the above information is true and correct. I also declare that, to the best of my knowledge, that I am 100% qualified under the 2018 California Rules of Court Standard 5.20, to begin the process of becoming a professional child visitation monitor. I also take note that once payment for the course has been completed, there are no refunds per the California Family Visitation’s policy.

PRINT FULL NAME

SIGNATURE

DATE

How did you learn about the course?
