Worker Information

First Name: _____   Last name: _____   Initial: _____

Address: _____   Apt/Unit: _____

City: _____   Postal Code: _____

Nearest Intersection: _____

Community Region: Kingston _____   Napanee & Area _____   North Frontenac _____

Telephone: _____   Other: _____

Fax: _____   Email: _____

Are you legally eligible to work in Canada and prepared to show proof of this eligibility? □ Yes □ No

Language(s) Spoken: _____

Qualifications

Occupation: _____

Education/Training: _____

_____

Please indicate the areas where you have experience:

□ Developmental Disability   □ Autism Spectrum Disorder/PDD

□ Asperger's Syndrome   □ Down's Syndrome

□ Hearing Impairment   □ Visual Impairment

□ ADHD/ADD   □ Obsessive Compulsive Disorder

□ Dual Diagnosis   □ Mental Health

□ Medically Complex   □ Physical Disability   □ Seizures

Please indicate your experience with the following skills:

☐ G/J Tube   ☐ Oxygen   ☐ Suctioning

☐ Tracheotomy   ☐ Ventilator   ☐ Medication Administration

Please indicate your experience in the following types of support:

☐ ABA   ☐ Alternative Communication ☐ Behavioural

☐ Medical   ☐ Assistive Devices (i.e. wheelchairs) ☐ Physical (i.e. transfers, lifts)

☐ Sign Language   ☐ Speech & Language

☐ First Aid   Expiry Date: _____

☐ CPR   Expiry Date: _____

☐ CPI   Expiry Date: _____

Are you willing to provide Personal Care (i.e. toileting)? _____

Other Experience: _____

_____

_____

Do you have a Driver's License?   ☐ Yes   ☐ No

Are you willing/able to use your own vehicle during respite support? ☐ Yes   ☐ No

Please list your interests/hobbies: _____

_____

_____

What special skills and or strengths would you bring to this position? _____

_____

_____

Preferences:

Are you willing to work with   □ Males   □ Females   □ Either?

□ Preschoolers (0-5)   □ School Aged (6-12)   □ Adolescents (13-17)

□ Young Adults (18-25) □ Adults (26-50)   □ Seniors (50+)

Rate of Pay: □ $10-$12   □ $12-$15   □ $15 +   □ Negotiable

Availability: (check days and times required or preferred)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before School							
Morning							
Afternoon							
After School							
Evening							
Overnight							
Summer Months							
March Break							

How did you hear about respiteservices.com? _____

Agency Requests: Occasionally, www.respiteservices.com will receive requests from community agencies for a private support worker to provide respite for a family or program supported by an agency.   I agree to have my profile forwarded to/reviewed by agencies registered with www.respiteservices.com   □ **Yes**   □ **No**

Please read and sign the following:

I am interested in being considered for the www.respiteservices.com Worker Database. I understand that the information provided will be used to facilitate the process for matching myself with families. I agree to have my profile/information shared with the family for matching purposes.

The facts set forth above in my application for work are true and complete. I understand and agree that a false statement (on my resume, application form or during my interview) may disqualify me from work or result in dismissal.

Signature: _____

Date: _____

In signing this www.respiteservices.com Referral Agreement, I acknowledge and agree that:

I am not a respiteservices.com program employee. I am an independent contractor, and will contract directly with the parent/guardian of the child or adult I am hired to serve. I am not an employee, agent or representative of respiteservices.com, and I am not authorized to represent or speak for the respiteservices.com program. The respiteservices.com program is not responsible for any disagreements over the parent/guardian that hires me. I will resolve problems directly with the parent/guardian that hires me.

I provided/agreed to have an up-to-date Police Reference Check (including a Vulnerable Sector check) and at least two references, and I confirm the accuracy and completeness of those references. Respiteservices.com is not responsible for checking my references. The family who hires me is responsible to check my references.

I am not a trained therapist. My name is being provided to parents/guardians contacting respiteservices.com as a possible respite worker who has received an orientation to the Program. Respiteservices.com is not responsible for the actions or conduct of me or the parent/guardian that hires me. My name may be removed from the worker database at any time, in the sole discretion of the respiteservices.com staff.

I acknowledge and agree that:

1. Except where my employer consents, I will keep information about my employer and his/her family or my contract with my employer confidential.
2. I am solely responsible for any private vehicle I use to transport persons I serve; and
3. I am responsible for my own health or accident insurance, payment of taxes, and contributions to Employment Insurance, CPP or other benefit plans.

In consideration of having my name placed on the respiteservices.com worker database, I release respiteservices.com (which in this Referral Agreement includes all parties legally responsible for respiteservices.com and their employees,, officers and directors) from all actions, causes of action, proceedings, claims, demands, losses, damages and liabilities of every nature and kind arising from my dealings with the respiteservices.com program and the person(s) hiring me and the child or adult I serve as a private support worker. I agree to indemnify the respiteservices.com program from all claims made against the respiteservices.com program as a result of my conduct. I will make no claim against any party that may claim contribution to indemnity from respiteservies.com.

Applicant Signature (required): _____

Witness Signature: _____

Date: _____