



CHAP WORKER AGREEMENT and RELEASE

TO: Child Development Resource Connection Peel (*CDRCP*)

THIS IS AN IMPORTANT DOCUMENT. PLEASE READ IT CAREFULLY BEFORE SIGNING IT.

By signing this Agreement I acknowledge and agree that:

I am **not** a Child Development Resource Connection Peel employee, agent or representative or under its supervision or control. I am an independent contractor (CHAP worker) and will work directly for the parent(s)/guardian(s) of the individual(s) I am contracted to provide respite support to through the CHAP Program worker bank database. I am not authorized to represent or speak for **CDRCP**.

CDRCP is not responsible for any issues that may arise while I am engaged to provide respite services by the parent(s)/guardian(s) that hire me and I will resolve any issues between myself and the family directly with them. If **CDRCP** is notified of a concern or action by me they consider to be unprofessional or otherwise inappropriate my name may be removed from the CHAP worker database at any time, in the sole discretion of the coordinator for **CDRCP**.

I will provide an up-to-date Vulnerable Sector Check (VSC) and Police Reference Check that is no more than three (3) months old, and reference contact information to **CDRCP**. I confirm the accuracy and completeness of references mentioned above. The parent(s)/guardian(s) who hire me may also check my references and are encouraged to do so.

As a CHAP worker providing support to individuals and families that hire me as a result of my posting in the CHAP Program worker bank database, I understand that I may receive access to confidential information about the individual(s) and the family that I provide respite service to. By signing this statement, I am indicating my understanding of my responsibilities to maintain that confidentiality and agree that:

- Any identifying information about the individual and the family I am supporting will be kept completely confidential and will only be disclosed by me with the consent of the individual or family or as required or permitted by law.

Furthermore, I acknowledge and agree that:

- I am solely responsible for any private vehicle I use to transport the persons I serve; and
- I am responsible for my own health, accident and liability insurance, payment of taxes, contributions to Employment Insurance and CPP, and other benefits plans.

By signing this Agreement and Release I release and discharge **CDRCP** (which in this Agreement and Release includes and all persons for which **CDRCP** is legally responsible, including without limitation the employees, agents, officers, and directors of **CDRCP**) from all actions, causes of action, proceedings, claims, demands, losses, damages and liabilities of every nature and kind arising directly or indirectly from my dealings with the individual(s) I support as a CHAP worker and their parent(s)/guardian(s) that hire me while I am engaged by them to provide respite services. I agree to indemnify **CDRCP** from all liabilities, loss, claims, demands, costs and expenses incurred by it/them as a result of my actions and conduct in providing the respite services referred to above. I also agree that I will make no claim against any party that may claim contribution or indemnity from **CDRCP**

This Agreement and Release is binding on my heirs, executors and other legal personal representatives.

If any provision of this Agreement and Release is found to be invalid or unenforceable in whole or in part that provision is to be severed from this Agreement and Release and shall not affect the validity or enforceability of the remainder of this Agreement and Release which shall continue in full force and effect.

I HAVE READ AND UNDERSTOOD ALL OF THIS AGREEMENT AND RELEASE AND I AGREE TO ALL OF ITS TERMS.

Dated: _____

Signature of Support Person/CHAP Worker

Printed Name

Signature of Witness

Printed Name of Witness