

CHAP PROGRAM REFERRAL AGREEMENT

In signing this CHAP Program Referral Agreement I acknowledge and agree that:

I am **not** a CHAP Program employee. I am an independent contractor and will contract directly with the parent/guardian of the child or children I am hired to serve. I am not an employee, agent or representative of the CHAP Program and I am not authorized to represent or speak for the CHAP Program or respiteservices.com. The CHAP Program is not responsible for any disagreements over with 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 and references to the CHAP Program for the CHAP Program worker database. and I confirm the accuracy and completeness of those references. The CHAP Program is responsible for checking my references. The parent/guardian who hires me may also check.

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

I acknowledge and agree that:

1. Except where my employer consents, I will keep information about my employer and her/his 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 benefits plan.

In consideration of having my name placed on the CHAP worker database, I release the CHAP Program and respiteservices.com (which in this Referral Agreement includes all parties legally responsible for the CHAP Program and 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 CHAP Program and the person(s) hiring me and the child or children I serve as a CHAP worker. I agree to indemnify the CHAP Program from all claims made against the CHAP Program as a result of my conduct. I will make no claim against any party that may claim contribution or indemnity from the CHAP Program and respiteservices.com

Date: _____

Signature of Applicant
Name:

Signature of Witness
Name:

Sponsored by Nothumberland Family Respite Services

respireservices.com respects your privacy. We protect your personal information and adhere to all legislative requirements. We do not rent, sell or trade our mailing lists. The information you provide to us will be used to connect you to suitable workers, keep you informed about our activities and other respite programs/services and to send update forms. If at any time you wish to stop receiving this information, simply contact us at 905 885 - 6671 or via e-mail at nfrs@eagle.ca.

