



**ID:** \_\_\_\_\_ (For office use only)

## Support Worker Application

### CHAP Worker Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Main Intersection: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (other) \_\_\_\_\_

Email: \_\_\_\_\_

### Qualifications

Occupation: \_\_\_\_\_

Education/Training: \_\_\_\_\_

Please indicate the areas where you have experience:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asperger's Syndrome          | <input type="checkbox"/> Autism                | <input type="checkbox"/> PDD                     |
| <input type="checkbox"/> Physical Disability          | <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Medically Complex       |
| <input type="checkbox"/> Challenging Behaviours       | <input type="checkbox"/> Seizures              | <input type="checkbox"/> Mental Health           |
| <input type="checkbox"/> Dual Diagnosis               | <input type="checkbox"/> Visual Impairment     | <input type="checkbox"/> Hearing Impairment      |
| <input type="checkbox"/> ADD                          | <input type="checkbox"/> ADHD                  | <input type="checkbox"/> Down Syndrome           |
| <input type="checkbox"/> OCD                          | <input type="checkbox"/> ODD                   | <input type="checkbox"/> Neuro-Muscular Disorder |
| <input type="checkbox"/> Fetal Alcohol Syndrome (FAS) |  |  |

Please indicate your experience with the following skills:

- G/J Tube    Epi Pen

Please indicate your experience in the following types of support:

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> CPI                                     | <input type="checkbox"/> CPR                               | <input type="checkbox"/> First Aid   | <input type="checkbox"/> Physical (Transfers & Lifts) |
| <input type="checkbox"/> Sign Language                           | <input type="checkbox"/> Medication Administration         | <input type="checkbox"/> Behavioural |   |
| <input type="checkbox"/> Transportation                          | <input type="checkbox"/> Alternative Communication Devices |                                      |   |
| <input type="checkbox"/> Personal Care (i.e. toileting, feeding) |  |                                      |   |
| <input type="checkbox"/> Assistive Communication (ie.PECS)       |  |                                      |   |

First Aid   Expiry Date: \_\_\_\_\_

CPR   Expiry Date: \_\_\_\_\_

CPI   Expiry Date: \_\_\_\_\_

Other Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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What languages do you speak in addition to English? \_\_\_\_\_

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 interest/hobbies:

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

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Additional Comments (restrictions, concerns, preferences, etc):

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**Preferences:**

Are you willing to work with ...?  Male  Female  Either

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

Young Adult (18-25)  Adult (26-50)  Seniors (50+)

Rate of Pay:  \$11.25-\$12

\$12-\$15

\$15

\$15+

Negotiable

Per Diem



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**Availability (other than summer months):** *(Please be as specific as possible)*

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before School 7am to 9 am							
Morning 9am to 12pm							
Afternoon 12pm to 4pm							
After School 3pm to 5pm							
Evening 5pm to 11pm							
Overnight							
Summer:	Mornings	Afternoon	Evenings	Weekends	Overnight	Saturday	Sunday
Other:	March Break	Holidays	Relief				

How did you hear about respiteservices.com?

\_\_\_\_\_

Are you legally eligible to work in Canada and prepared to show proof of this eligibility?  YES  NO



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### **Classified Ad**

**Would you like to have a classified ad posted on our website?**    Yes    No

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Please fill out this form for your classified advertisement on our website. By having a classified advertisement posted, families currently looking for an Support Worker can view your availability and request your worker profile to be sent to the family. You are responsible for contacting respiteservices.com to make any changes to your information. Your classified ad can be identified using the ID# that is on your Support Worker profile.

Do not include any identifying information eg. Name, phone number, email, address etc

#### **Support Worker Classified**

Experience and Education:

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Support Worker Availability:

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**Please read and sign the following:**

*I am interested in being considered for the Support Worker Database. I understand that the information provided will be used to facilitate the process of 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 activation meeting) may disqualify me from work or result in removal from the registry.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed application form with resume to the Rygiel Supports for Community Living (address below)

Hosted by Rygiel Supports for Community Living

respiteservices.com is committed to protecting the privacy, confidentiality and security of your personal information. We respect your privacy 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 families, keep you informed about our activities and other respite opportunities or training and to send update forms. Please visit our website [www.respiteservices.com](http://www.respiteservices.com) for a complete version of our Privacy Statement, Privacy Policy and Terms of Use.

200-1550 Upper James St. Hamilton, ON L9B 2L6 Attn: Ron Trajano/Viola Galamini – Fax (905) 525-5933



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**Statement of Purpose for the Collection, Use and Disclosure of the Personal Information Provided**

The information collected directly from you when applying to be listed as a Support Worker will be forwarded to respiteservices.com (hosted by Rygiel Supports for Community Living). By signing this consent form, you will be consenting to the collection, use and disclosure of personal information contained in the application form in accordance with the respiteservices.com Privacy Policy and the Terms of Use.

The information that you provide will be used for the following purposes:

- to determine your suitability for providing respite services to families;
- to facilitate the process of connecting you with a family in need of respite services;
- to send you information, documents or forms required to keep your information up-to-date; and
- for quality assurance purposes, including feedback on how effective and helpful our services have been, to allow us to improve our services

**Consent**

I \_\_\_\_\_, have reviewed and fully understood the Statement of Purpose for the Collection, Use, and Disclosure of Personal Information. I understand that I can refuse to provide consent. I also understand that at any time I can access and change my information or withdraw my consent by providing notice in writing to Rygiel Supports for Community Living. I authorize the collection, use, and disclosure of my personal information for all the purposes identified above.

**Withholding Consent**

If there are there any restrictions regarding the collection, use, and disclosure of the information provided please provide the details below.

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Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Support Worker

\_\_\_\_\_  
Witness Signature



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## **SUPPORT WORKER AGREEMENT and RELEASE**

**TO: Rygiel Supports for Community Living**

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

Preamble

WHEREAS Rygiel Supports for Community Living (“RSCL”) is an Ontario not for profit corporation providing community supports to adults (and their families) who live with a developmental disability and other handicapping conditions

AND WHEREAS Rygiel Supports for Community Living (“RSCL”) is the host agency for the Hamilton branch of the website respiteservices.com which is designed to facilitate the connection with families supporting an individual with a developmental disability and other handicapping conditions with Support Workers to provide respite.

**By signing this Agreement I acknowledge and agree that:**

I am **not** a Rygiel Supports for Community Living or respiteservices.com 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 Support Worker Database. I am not authorized to represent or speak for Rygiel Supports for Community Living or respiteservices.com.

Rygiel Supports for Community Living or respiteservices.com 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 Rygiel Supports for Community Living 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 Rygiel Supports for Community Living and the family I work with can choose to terminate the contract with myself at anytime.

I will provide an up-to-date Vulnerable Sector Screening (VSS)/Police Reference Check Reference contact information or letters of reference to Rygiel Supports for Community Living and confirm the accuracy and completeness of those references. Rygiel Supports for Community Living will use their own discretion whether or not to check my references. The parent(s)/guardian(s) who hire me may also check my references and are encouraged to do so. The parent(s)/guardian(s) can also request an updated Police Reference Check at any time.

As a Support Worker providing support to individuals and families that hire me as a result of my posting in the Support Worker 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



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- I am responsible for my own health, accident and \$1,000,000 liability insurance should I choose to transport a client in my own vehicle, payment of taxes, contributions to Employment Insurance and CPP, and other benefits plans.

By signing this Agreement and Release I release and discharge Rygiel Supports for Community Living (which in this Agreement and Release includes and all persons for which Rygiel Supports for Community Living is legally responsible, including without limitation the employees, agents, officers, and directors of Rygiel Supports for Community Living) & respiteservices.com 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 Support Worker and their parent(s)/guardian(s) that hire me while I am engaged by them to provide respite services. I agree to indemnify Rygiel Supports for Community Living & respiteservices.com 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 Rygiel Supports for Community Living & respiteservices.com.

The terms of this Release are fully understood. This Release is given voluntarily. I agree and understand that I do not have to use the services of Rygiel Supports for Community Living or respiteservices.com. I understand that I have the right to seek legal advice and representation prior to signing this Release. I hereby confirm that I have sought such legal advice and representation as I deem appropriate. Without limiting the generality of the terms of the above paragraph, I agree and acknowledge that my choice to proceed with a match through respiteservices.com is mine alone and that Rygiel Supports for Community Living and respiteservices.com are not responsible in any way for this decision or the consequences of this decision and I confirm that I am proceeding voluntarily with such decision fully understanding all terms contained in this Release.

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

I further certify that I have personally completed all documentation related to the information that I have provided to Rygiel Supports for Community Living and respiteservices.com. I declare that the facts contained in this documentation are true and complete to the best of my knowledge.

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 Worker

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness