



# Lanark Community Programs

Satellite Office:  
30 Bennett Street, Unit 1  
Carleton Place, Ontario  
K7C 4J9

Dear Applicant:

**The Family Relief Worker Application** is attached to this letter. Please sign and complete all forms thoroughly before handing them in to avoid any unnecessary delay.

- Family Relief Worker Application Form (2 pages)
- Oath of Confidentiality Form
- Terms of Agreement Form
- Photograph Consent Form
- Employee Vehicle Declaration Form

If you are chosen to do relief you will be required to submit the following after the interview:

- Direct Deposit Form
  - *Void Cheque or Bank Verification*
- Criminal Record Check (applicant's responsibility)
- Police Record Check-Pardoned Sexual Offender Database Form
- Driver Information form
  - Photocopy of driver's license*
  - Photocopy of insurance card*

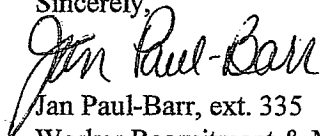
**Social Insurance Numbers** are required by government regulation and T4A's must be issued if more than \$500.00 is earned per annum. Please be advised that your pay may be withheld if you do not provide your S.I.N. number.

**The Criminal Record Check & Pardoned Sexual Offender Database Check** is a mandatory requirement by the Ministry of Community and Social Services for all employees working with special needs individuals. If you have had one done *within the last 12 months (and can produce a copy), as well as a copy of your driver's licence or birth certificate*, this meets Ministry guidelines and will be accepted. Both forms are attached to the application and need to be completed and submitted to a local Police Force or the O.P.P. Fees are the responsibility of the applicant.

**The Family Relief Worker's Guidebook** is available on our web site at [www.lcp-fr.com](http://www.lcp-fr.com) or can be obtained at our office. The Guidebook contains policies and procedures that must be followed by all Family Relief workers, so read it carefully and sign the Terms of Agreement Form included in your application.

When you have completed the Application Package please mail or drop off the original at the above address: Attention Jan Paul-Barr. If you have any questions or concerns regarding Family Relief Work please do not hesitate to call me at 257-7619 or 1-866-7618 ext. 335.

Sincerely,



Jan Paul-Barr, ext. 335  
Worker Recruitment & Matching,  
Lanark County Family Relief Program

LANARK HEALTH & COMMUNITY SERVICES  
**FAMILY RELIEF PROGRAM**  
 30 Bennett St., Unit 1, Carleton Place, ON K7C 4J9  
 257-7619 or 1-866-257-7618  
 Fax: 257-2209

**FAMILY RELIEF WORKER APPLICATION FORM**

<b>PERSONAL INFORMATION</b>	
Last Name:	First Name:
Home #: Work #: Cell #: Fax #: E-mail:	Address:

<b>EDUCATION</b>		
Name of School/Program/or Training Course	Degree/Diploma/or Certificate	Date of Completion

<b>EMPLOYMENT</b>			
Name of Last Employer	Position	Period of Employment	Reason for Leaving

**Position being applied for:**    Family Relief Worker       Tutoring Staff       Programming Staff  
     Respite Home/Apt. Staff       Family Relief Driver

Revised May 2007

**Describe any work related skills, experience or training that relate to the position being applied for.**

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**Do you have a valid driver's licence?**  Yes  No

**Do you have your own transportation?**  Yes  No

**You have training in:**  CPR (valid 2 yrs) expiry date \_\_\_\_\_  CPI (valid 1 yr) expiry date \_\_\_\_\_

**You are willing to drive to:**  Perth  Smiths Falls  Lanark  Maberly  McDonald's Corners  
 Carleton Place  Almonte  Pakenham  Arnprior  Other

**You are available to work:**

<u>Time of Day</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>	<u>Sun</u>
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**You prefer to work:**  In Client's Home  In Community  In Respite Home/Apt.

**You prefer working with:**  Infants  Toddlers  Children  Teens  Adults

**You prefer to work with:**  Males  Females

**We require two "work related" references whom we may contact (do not include relatives):**

Name:			Name:		
Home #:	Work #:	Cell #:	Home #:	Work #:	Cell #:
Email Address: Address:			Email Address: Address:		

**Have you attached additional sheets? Resume? Certificates?**

I hereby declare that the forgoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal.

Signature: \_\_\_\_\_

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

LANARK HEALTH & COMMUNITY SERVICES  
FAMILY RELIEF PROGRAM  
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257-7619 or 1-866-257-7618  
Fax: 257-2209

## **OATH OF CONFIDENTIALITY FORM**

**I understand that any information related to any client and/or client families, obtained through Lanark Community Programs, or while acting in the capacity of Family Relief Worker, is to be strictly confidential. Any breach of this confidentiality could result in the immediate termination of my placement. (Please be advised, however, that your legal obligation to report suspected child abuse or neglect, does not constitute a breach of your Oath of Confidentiality).**

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**Worker Name (Please Print)**

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**Worker Signature**

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**Witness Name (Please Print)**  
**(Person that is witnessing your signature)**

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**Witness Signature**

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**Date**

**( Please have someone sign the following pages that can witness your signature.)**

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**TERMS OF AGREEMENT FORM**

**I have read and understand the policies and procedures as set out in the Family Relief Worker's Guidebook - The Information Guide for Family Relief Workers. As a Purchase of Service Worker, I am aware that I am considered self-employed and that I am responsible for keeping a record of earnings and to declare these earnings to Revenue Canada for income purposes. I understand that I am not an employee of the Lanark County Family Relief Program and I am therefore not covered by WSIB, CPP, or Liability Insurance. I will receive a T4A slip from the Finance Dept. if I have accumulated enough hours. I agree to abide by and enforce the policies and procedures to the best of my ability at all times. I am aware that a voluntary violation of any of these policies could result in my termination as a Family Relief Worker.**

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**Worker Name (Please Print)**

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**Worker Signature**

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**Witness Name (Please Print)**  
**(Person that is witnessing your signature)**

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**Witness Signature**

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**Date**

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**APPLICANT PHOTOGRAPH CONSENT FORM**

I grant permission to the Lanark County Family Relief Program and it's staff to take my picture during applicant interviews. I understand that this photograph will be used for the purpose of reference and hiring within the Worker Recruitment and Placement Department of the Family Relief Program.

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**Worker Name (Please Print)**

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**Worker Signature**

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**Witness Name (Please Print)**  
**(Person that is witnessing your signature)**

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**Witness Signature**

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**Date**

**FAMILY RELIEF PROGRAM**

**Employee Vehicle Declaration**

To: Lanark Community Programs, Family Relief Program, a part of Lanark Health and Community Services (LHCS)

I, \_\_\_\_\_ certify the following:  
(Please print name)

1. I acknowledge that I may be using my personal vehicle to transport Family Relief clients and program participants.
2. I currently hold, a valid driver's license. I have not had a serious automobile accident in the past five years.
3. My automobile insurance coverage is for business purposes. My insurance broker is aware that I am transporting clients and/or program participants for LHCS. My limit of liability insurance coverage with respect to my vehicle is not less than \$2,000,000.00
4. I will provide proof of insurance annually to the Manager of Finance or designate when required. I consent to allow the Family Relief Program to verify this information with my insurance company or agent as needed.
5. I understand that I will not transport clients and/or program participants in my care unless I meet requirements 1-4.
6. I understand that part of the Family Relief Program per kilometer reimbursement is intended to offset any additional costs (i.e. fuel, vehicle maintenance) incurred for transporting clients and/or program participants in my personal vehicle.
7. I will be a responsible driver by adhering to the standards set by the Motor Vehicle Act.
8. I will not smoke in the vehicle at any time during the utilization of my vehicle while transporting Family Relief clients and/or participants.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

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

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