



## Urban Activities Program Personal Support Worker Application

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Dear Personal Support Worker,

Are you looking for a fantastic experience for summer 2019? Then BC Easter Seals may be the place for you! We offer exceptional programs for children and youth with cognitive and/or physical disabilities. This package will help you understand our Urban Activities Program and the application process. If you have any questions that are not clarified either by this application form, or on our website, please get in touch with us. We want to make you feel as comfortable as possible so that together we can work towards creating a marvelous experience for all participants.

### **IS OUR PROGRAM RIGHT FOR YOU?**

The focus of the Urban Activities Program is to provide experiences that facilitate growth in independence, self-esteem, and peer interaction through fun and educational day outings. Our staff establishes a safe, warm, fun, supportive and encouraging environment which allows participants to focus on their abilities.

The role of a PSW is to strike a balance between providing the necessary personal care and support required by your participant, while also promoting their independence.

### **COMPENSATION**

The PSW and the family/guardian enter into a private contract for remuneration. The BC Lions Society for Children with Disabilities and Urban Activities Program have no financial obligation to the PSW. The PSW must meet with all staff norms and regulations for hiring and behaviour.

### **POLICIES AND PROCEDURES**

As a Personal Support Worker you are regarded as a valuable member of our program as well as a professional care provider. We therefore ask that you abide by the same policies and procedures as our full-time summer staff.

The BC Lions Society reserves the right to decline to work with a Personal Support Worker. This right also extends to sending the PSW and participant home if the Society's policies and procedures are disregarded or the participant's care is deemed unsatisfactory by our staff.



## THE APPLICATION PROCESS

The PSW application must be printed, completely filled out, and emailed to Spencer van Vloten at [svanvloten@eastersealsbcy.ca](mailto:svanvloten@eastersealsbcy.ca), or mailed to the Vancouver head office at:

Attn: Urban Activities Program  
Easter Seals BCY  
3981 Oak Street  
Vancouver, BC V6H 4H5

A participant's registration will be confirmed only after we have received ALL paperwork pertaining to their involvement in the program. If you have any questions about this, please get in touch with the registrar.

Working together, we hope to create lifelong memories for all our participants. If you have questions pertaining to our program, please visit our [FAQ](#), contact me by email at [svanvloten@eastersealsbcy.ca](mailto:svanvloten@eastersealsbcy.ca), or by phone at (604) 873-1865 ext. 445, toll free 1-800-818-4483.

We can't wait to see you in July!

Sincerely,  
Spencer van Vloten  
Youth Programs Leader, Easter Seals BCY

A handwritten signature in blue ink, consisting of the letters "S" and "V" written in a cursive style.



## PSW APPLICATION FORMS

### PLEASE NOTE:

The Society reserves the right to change registration requirements or refuse an application. Incomplete forms will delay participant registration. A spot in the program cannot be confirmed until ALL forms have been received at our Vancouver office (including the Criminal Record Check). Facsimiles or copies will not be accepted

ALL INFORMATION IS CONFIDENTIAL. ORIGINAL, SIGNED FORMS ARE REQUIRED.

### GENERAL INFORMATION

PSWs must be available at all times during each day of participation for all one-to-one care, assistance and supervision of their participant. PSWs must be at least 17 years of age.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Phone No.: \_\_\_\_\_

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

Name of Participant Supporting: \_\_\_\_\_

Relationship: \_\_\_\_\_

### CARE SUPPORT BACKGROUND

Have you met the participant? Yes  No

Have you worked together before? Yes (specify below)  No

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Are you employed by a group home? Yes (specify below)  No

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



**CRIMINAL RECORD CHECK**

A current Criminal Record Check (within the last six months) is required by all PSWs. You can either submit a current original with this application, or go to your local police department. Please ensure your check includes a Vulnerable Sector Search

CHECK ONE:  Criminal Record Check is attached.  
 Criminal Record Check will be forwarded (application is incomplete until this arrives.)

**ADDITIONAL INFORMATION**

Please list any additional information or certification that would assist us in processing your application. Attach an additional sheet if necessary.

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**REFERENCE INFORMATION**

Please list a reference that can attest to your character and suitability to work with children (aside from the participant’s parent/caregiver).

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**My signature indicates that all of the above information is true and complete to my knowledge**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT WOULD ASSIST US

**ALL INFORMATION IS CONFIDENTIAL**



## Consent, Liability and Waiver Agreement

**The PSW application form cannot be processed if the liability release is incomplete or altered in any way. Please print legibly.**

I, as the Personal Support Worker of \_\_\_\_\_ (participant's name), and in consideration of the recreational, educational and health care services provided by the British Columbia Lions Society for Children with Disabilities (hereafter referred to as the 'BC Lions Society') agree as follows:

1. I hereby release and discharge the BC Lions Society, Easter Seals British Columbia, the Custom Service Transit Society and any other respective agents and employees from all manner of action, causes of action, claims or demands I may have, arising from or related to my involvement in the program. I do however wish to attend the Urban Activities Program, notwithstanding such potential risk.
2. I agree to indemnify the BC Lions Society, its services, agents or employees, from any claims or demands made against the BC Lions Society in respect to any loss or damage which they may suffer or become legally obligated to pay as a result of, or arising from, my attendance in the program.
3. I consent to the administration of my medical treatments as is determined to be necessary by the BC Lions Society, its servants, agents or employees, in their sole discretion, for my health in the program.
4. I certify that all information provided in this registration form is true and to the best of my knowledge at the time of completing this and for all subsequent program administrated forms.
5. I agree that the participant I accompany will ONLY be released from the program to the individuals listed on the participant application form (primary contact, authorized pick up list) and that the BC Lions Society must be notified IN WRITING of any changes to the list.

Identification is REQUIRED for pick-up.

6. I have reviewed the expectations and policies as outlined throughout this application and I understand that should I breach any of the expected behaviours or conditions, myself and the participant attending with me could be asked to leave the Urban Activities Program immediately. If this occurs, I will be responsible for arranging for my and my participant's transportation from the program and the associated costs.
7. I agree that I am financially responsible in the case of illness, injury, accident, emergency or property damage resulting from my participation in the Urban Activities Program and that the BC Lions Society may claim over against me for any claim which the participant or a third party may make against the BC Lions Society and agree to indemnify and save harmless the BC Lions Society for any expenses reasonably incurred in consequence of the above.

I HAVE READ AND UNDERSTAND THIS CONSENT, LIABILITY AND WAIVER AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASES. FOR CLARITY, THE RELATED ENTITIES OF THE BC LIONS SOCIETY INCLUDE, WITHOUT LIMITATION, THE BC LIONS FOUNDATION FOR CHILDREN WITH DISABILITIES, EASTER SEAL HOUSE SOCIETY, THE BRITISH COLUMBIA EASTER SEAL SOCIETY, AND THE 24 HOUR RELAY SOCIETY.



### INFORMATION AND PHOTO WAIVER

The BC Lions Society reserves the right to take, use and maintain as the property of the Society participant photographs and information for our promotional materials (print and electronic versions) and to thank donors for their support. Consent for such use is implied unless the Society is otherwise instructed. Please check the box below if you **DO NOT** wish that your photo and/or information be used by the Society for the above stated purposes:

I acknowledge that, to the best of my knowledge, the information on the application form is correct. I agree to inform the BC Lions Society of any changes in my medical condition prior to the start of the program. To meet the needs of our participants and have the ability to care for them we must collect personal information about them and distribute this information to people who will care for you and your participant. All the information gathered is stored in a confidential manner. The BC Lions Society is in compliance with the Personal Information Protection Act of BC and the Personal Information Protection and Electronic Documents Act (PIPEDA). We may periodically contact you about Society programs, services, events fundraising or volunteering opportunities. To be removed from this list, please contact us at: (604) 873-1865 1-800-818-4483 or email: [info@lionsbc.ca](mailto:info@lionsbc.ca)

I understand that this is an application for the Urban Activities Program and does not guarantee confirmation. Notification of confirmation will be sent by mail at a later date once all portions of the application have been confirmed as successfully completed.

I HAVE READ AND UNDERSTAND THIS CONSENT, LIABILITY AND WAIVER AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, AND ASSIGNS MAY HAVE AGAINST THE RELEASES.

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

\_\_\_\_\_  
Name of Personal Support Worker (print)

\_\_\_\_\_  
Date