**LCP- Family Relief Program Summer Camp Staff Application**
30 Bennett Street, Unit #1 Carleton Place, ON K7C 4J9
(Phone) 613-257-7619 (Fax) 613-257-2209

Congratulations on being selected for an interview! You must now complete the Summer Interview Package 2019 found on our website at [www.frprograms.weebly.com](http://www.frprograms.weebly.com) and bring ALL required documents to your interview. Failure to do so will result in your interview being cancelled and you will not be considered for the position.

The following documentation will be required from you at the time interview:

◦ Driver Information Form
 ◦ Photocopy of Drivers License
 ◦ Photocopy of Insurance Card
◦ Direct Deposit Form
 ◦ Void Cheque of Bank verification

The **Criminal Record Check and Vulnerable Sector Screening 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, this will be accepted. These forms can be obtained at our office at the time of the interview.

If you have any questions or concerns, please contact Stephanie Richardson at 613-257-7619 ext. 3337

Thank you,

 Stephanie Richardson

**Summer Employee Vehicle Declaration**

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify the following:

 (Please print name)

1. I acknowledge that I may be using my personal vehicle to transport Family Relief Summer 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 insurance broker is aware that I am transporting clients and/or program participants for LHCS this summer. 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 to the LHCS as 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 kilometre 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 not speed, use cell phones for text or calls, smoke, use alcohol or drugs and I will be sure to use seatbelts at all times during the utilization of my vehicle while transporting Family Relief clients. I will be a responsible driver by adhering to all standards and regulations set by the Motor Vehicle Act.

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

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

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

**FAMILY RELIEF WORKER DRIVER INFORMATION FORM**

**WORKER’S FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you have a valid Driver’s Licence? □ yes □ no
Do you have your own transportation and/or vehicle? □ yes □ no
If under 25 years of age, have you taken driver training? □ yes □ no
Have you ever been convicted of a driving offence for which a pardon has NOT been granted? □yes □ no N

**THIRD PARTY LIABILITY INSURANCE**

Third party liability insurance is designed to provide protection to you (the insured) for bodily injury or death of any persons or damage to their property arising out of ownership, use or operation of an automobile.
A minimum amount of Third Party Liability Insurance is mandatory by law. In Ontario the limit is $2 million however, as outlined below, this minimum amount of insurance is not sufficient in the event of a tragedy. It is therefore, not only wise but socially responsible to have an adequate amount of insurance even though there may not be a legal compulsion to do so beyond certain minimum limits.

To what limit are you insured for Third Party Liability Insurance **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Insurance Company **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Insurance Expiry Date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\*\*Please attach a copy of Drivers License and Insurance**

I affirm that the information provided above is correct and that no information regarding my driving record is being withheld.

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 of worker :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 **DIRECT DEPOSIT INFORMATION FORM**

**WORKER’S FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
BIRTH DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
SIN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\*\*Please attach a void cheque or bank verification to verify the above information, even if provided in the past.**

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_