

Homeshare Provider Application Part 1 - Basic

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|---------------------------|-------------------------|
| Applicant(s) Name: | |
| | |
| Address: | |
| | |
| Phone | Alternate Phone: |
| | |
| Email: | |
| | |

Who lives in your home?

Do people smoke in your home? Yes No

Why do you want to be a Homeshare caregiver? What experiences would you bring?

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Preferred gender: Male Female No preference

Please describe your home and the space you have available, for example, size of bedroom/suite; shared or private washroom; laundry; furnishing; include modifications for people with physical challenges

Personal Relationship: Do you have a personal relationship affiliated with Clements Centre Society? (E.g. An employee, a client, a family member) Yes No

If yes, please describe:

*Please note: Answering "Yes" to this question will not disqualify your application

Have you or anyone living in your home, had any previous or present involvement with CLBC, MCFD or VIHA (Licensing)? Yes No

If "Yes" please describe the involvement:

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Thank you for your application. We will keep it on file for 6 months. If we determine that your profile may be a match for an individual requiring service we will ask you to complete a detailed application and come in for an interview.

The screening requirements for caregivers are extensive. Please be aware that, if successful, you will be required to complete (non-exclusive):

1. A detailed application form
2. Criminal record check
3. Valid First aid/CPR certification
4. Drivers Abstract
5. Medical Reference
6. References (3)
7. A thorough home study
8. Authorizations
9. Any additional information as per Clements Centre Society requires

***** Please remember to submit your Resume(s) with this application form to the Homeshare Program at Clements Centre Society**

Certification

This application is not valid unless signed by the applicant/applicants

I/We certify that the information provided in this application, attachments, resume(s) in true and complete. I/We understand that this application is not a commitment by either CCS or applicant(s) and that the application process must first be completed. I/We understand that if successful at contracting with Clements Centre Society and in the future the information in my/our application is proven untrue, my/our contract will be terminated.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____



Thank you for your interest in Clements Centre Society's Homeshare Program

***** Please return your completed application form and resume to:**

**Homeshare Coordinator
Clements Centre Society
5856 Clements St.
Duncan, BC V9L 3W3**