

New Brokerage Worker Applicant Returning Brokerage Worker Applicant Date of Last Activity: DD/MM/YYYY

WORKER INFORMATION			
FIRST NAME:		SURNAME:	
ADDRESS:			
INTERSECTION:		POSTAL CODE:	
SEX (optional):	<input type="checkbox"/> Female <input type="checkbox"/> Male	WORKER TYPE:	<input type="checkbox"/> Youth (12-17) <input type="checkbox"/> Adult (18+)
PHONE (H):		PHONE (C):	
EMAIL ADDRESS:			
LANGUAGES SPOKEN:			
Have you ever been convicted of a criminal offence for which a pardon had not been granted? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please specify:			
EMERGENCY CONTACT INFORMATION			
NAME:		RELATIONSHIP:	
PHONE (H):		PHONE (C):	
SCHOOL REFERENCE – Applicants under 18			
SCHOOL NAME:		CONTACT NAME:	
PHONE:			
WORK/VOLUNTEER EXPERIENCE			
ORGANIZATION	RESPONSIBILITIES	FROM (YYYY/MM)	TO (YYYY/MM)
MONTHS AVAILABLE			
<input type="checkbox"/> JANUARY <input type="checkbox"/> FEBRUARY <input type="checkbox"/> MARCH <input type="checkbox"/> APRIL <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUGUST <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> OCTOBER <input type="checkbox"/> NOVEMBER <input type="checkbox"/> DECEMBER			
AREAS OF INTEREST			
What equipment do you have experience with using (check all that apply):		<input type="checkbox"/> Lawn mower <input type="checkbox"/> Hedge Trimmer <input type="checkbox"/> Line Trimmer <input type="checkbox"/> Snow blower <input type="checkbox"/> Plow	
What tasks are you able to assist Clients with (check all that apply):		<input type="checkbox"/> Grass <input type="checkbox"/> Gardening <input type="checkbox"/> Weeding <input type="checkbox"/> Yard Clean-ups <input type="checkbox"/> Leaves <input type="checkbox"/> Snow Shovelling <input type="checkbox"/> Odd Jobs	
Do you have your own equipment (i.e. lawn mower/snow blower)?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please specify:			
How did you hear about the program?		<input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> Employment agency <input type="checkbox"/> Community organization <input type="checkbox"/> Other:	

AUTHORIZATION AND ACKNOWLEDGEMENT

Better Living Health and Community Services reserves the right to accept or not accept applicants for placement as a Brokerage Worker within the Four Seasons Connections program. Brokerage Workers are selected and linked with Clients based on their interests, skills, and needs of the program

- I **verify** that the information in this application form is accurate and true and that false or incomplete information may disqualify me from participating and/or in my dismissal from the program.
- I **authorize** *Better Living Health and Community Services* to contact the individuals listed on this application to further obtain information that would assist with my placement as a Brokerage Worker.

APPLICANT SIGNATURE: _____

DATE: DD-MM-YYYY

PARENTAL CONSENT – Applicants Under 18

PARENT/GUARDIAN SIGNATURE REQUIRED FOR ALL APPLICANTS UNDER THE AGE OF 18

I give consent for _____ to register as a Brokerage Worker with the Four Seasons Connections Program at Better Living Health and Community Services. I understand and am aware of the expectations and mandate of the Four Seasons Connections program and the responsibilities of a Brokerage Worker.

PARENT/GAURDIAN NAME: _____

SIGNATURE: _____

DATE: DD-MM-YYYY

PHONE NUMBER: _____

APPLICATION PROCESS

Thank you for your interest in registering as a Brokerage Worker with the Four Seasons Connections Program at Better Living Health and Community Services. Our Brokerage Workers play an integral role in assisting senior Clients in community with their outdoor maintenance needs. All applications are reviewed in consideration of Client requests, suitability, skill set and reference checks. The steps to registering as a Brokerage Worker are as follows:

1. Submit application form by email, fax, mail or in person.
2. Participate in an interview
3. Provide two references from past employers, volunteer organizations, educational institutions (i.e. teacher or guidance counsellor) or other professionally related sources
4. Review the program orientation information and sign Brokerage Worker Terms of Agreement
5. Be linked to Clients in the Community

RETURN COMPLETED APPLICATION FORMS TO

Four Seasons Connections – Home Maintenance Services Program
 Better Living Health and Community Services
 29 Gervais Drive, Suite 201, Toronto, Ontario, M3C 1Y9

Phone: **416-447-5074** Fax: **416-385-8887** Email: fourseasons@betterlivinghealth.org