

Town of Caledon – External Support Worker Form

PARTICIPANT INFORMATION	
Name	Parent/Guardian Name

EXTERNAL SUPPORT WORKER INFORMATION	
Name	Phone Number
Emergency Contact Name	Emergency Contact Phone Number
Agency Name OR Relationship to Participant	

External Support Worker Expectations

This form outlines expectations and requirements for consideration as an External Support Worker, to attend, and provide support to participants registered in Town of Caledon (hereinafter referred to as the “Town”) Community Programs.

External support workers are not required to pay the program/participant fee while acting in the capacity of support worker for a registered participant.

Respective signatures imply that both the external support worker and parent/guardian understand and agree with the Town’s expectations and requirements.

External Support Worker Requirements

1. Must be 16 years of age or older by the program start date.
2. Present an original, satisfactory Vulnerable Sector Check (VSC), to the Town prior to the start of the program. This VSC must have been issued within three months of the date it is presented to Town personnel.
3. Have experience working with the participant and/or other individuals with special needs/disability.
4. Responsible for the direct supervision of the participant at all times, including lunch.
5. Be in receipt of care instructions and directions from the parent/guardian on the participants needs, behaviour and abilities.
6. Communicate daily updates with Town staff and parent/guardian.
7. Maintain a professional relationship with staff, volunteers, and other support workers, while presenting themselves in a professional manner and adhering to the Town’s [Customer Conduct Policy](#).
8. Complete the sign in/out process as directed by program supervisor, including producing government issued photo identification, daily.
9. Wear Town provided identification, at all times.
10. Communicate with other staff in the room in all instances where the participant is required to separate from the group, with an expected amount of time away (for resting, quiet time, distraction, other needs, etc.).
11. Communicate all participant/external support worker concerns, hazards and injuries to program supervisory staff immediately.
12. Be physically able to conduct all necessary tasks including but not limited to lifting, transferring, feeding, toileting, and changing.
13. Administer required medications as directed by the parent/guardian. This task may be completed outside the program room to ensure participant’s privacy (if needed).
14. Actively participate and encourage integration in all activities with the participant. This includes aquatic (pool and



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water play) activities.

- 15. Will not directly or indirectly, disclose or use, either during or subsequent to time spent supporting participant(s) in Town programs, any confidential information or data obtained from the Town, unless written consent from the Town to the disclosure or use, is first obtained.
- 16. Respect the privacy and confidentiality of the staff, participants, and others in a program, including but not limited to no use of cell phones during programs, no photography, and refraining from posting Town programs spaces, participants and/or staff on social media outlets (Facebook, Twitter, etc.).

Acknowledgement – External Support Worker

I acknowledge that I have read and understand the Town of Caledon, External Support Worker Expectations and Requirements as listed.

I understand and acknowledge that I am employed by the Parent/Guardian stated below and not by the Town.

I agree that if the External Support Worker Expectations and Requirements are not met, I will not be permitted to attend Town programs in the capacity of External Support Worker.

External Support Worker Name	Signature	Date DD / MM / YYYY
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Acknowledgement – Parent/Guardian

I, as parent/guardian of the aforementioned participant, hereby give permission for the above-named External Support Worker to aid and support my child during Town of Caledon programs.

I understand if the External Support Worker Expectations and Requirements are not met, they will not be permitted to support the participant in the Town program.

Parent/Guardian Name	Signature	Date DD / MM / YYYY
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TOWN OF CALEDON USE ONLY		
Staff Name		Staff Signature
Date of Review DD / MM / YYYY	VSC Validated (Date on VSC) DD / MM / YYYY	External Worker has profile and registered through Xplore? <input type="checkbox"/> Yes
Comments		

Personal information contained on this form is collected under the authority of the Municipal Act, and will be used for the purpose of the delivery of services and safety of all participants. Questions about this collection should be forwarded to the Town of Caledon Freedom of Information Coordinator at 6311 Old Church Road, Caledon, ON L7C 1J6, 905.584.2272.



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