

| HOME MAINTENANCE REFERRAL SERVICE – SERVICE PROVIDER APPLICATION  |                   |                  |                         |  |  |
|---|-------------------|------------------|-------------------------|--|--|
| I AM APPLYING FOR (CHECK ALL THAT APPLY):<br>Snow Removal Grass Cutting Leaf-raking (age 15+) - \$12.00/hour<br>Handyperson services (odd jobs, repairs, deep cleaning) (age 18+ only) - \$15.00-\$20.00/hour<br>Registered Business /Skilled tradesperson  |                   |                  |                         |  |  |
| SECTION A: INDIVIDUAL OR SEMI-SKILLED (REGISTERED BUSINESS OWNERS SKIP TO SECTION B)  |                   |                  |                         |  |  |
| Applicant First Name:   |                   | Surname:         |                         |  |  |
| Phone:<br>**THIS PHONE NUMBER WILL BE THE ONE USED TO GIVE TO CLIENTS**   |                   | Alternate Phone: |                         |  |  |
| Address:  |                   |                  |                         |  |  |
| Email:  |                   |                  | Date of birth:          |  |  |
| <i>Under 18:</i> Parent/Guardian full name:   |                   | Phone:           | ione:                   |  |  |
| Emergency Contact Name:   |                   |                  | Relationship:           |  |  |
| Address:  |                   | Phone:           | ione:                   |  |  |
| <ul> <li>INDIVIDUAL POLICE CLEARANCE (for applicants age 18+)</li> <li>Yes, I am willing to supply a current Police Records Check (PRC) as part of the screening process and pay for any expense incurred in obtaining such a document.</li> <li>HANDYPERSON SERVICES (age 18+)</li> <li>In addition to the services above, our clients often request indoor and outdoor repair work, odd jobs, deep cleaning, moving items, etc. Please detail any other services you are willing to provide:</li> </ul> |                   |                  |                         |  |  |
| □ I quote by job □ I'm willing to charge by hour  |                   |                  |                         |  |  |
| SECTION B: REGISTERED BUSINESS/SKILLED TRADESPERSON (INDIVIDUAL PROVIDERS SKIP TO SECTION C)<br>Supporting documents may be requested.  |                   |                  |                         |  |  |
| Business Name:  |                   |                  |                         |  |  |
| Primary Contact:  |                   | Phone:           |                         |  |  |
| Address:  |                   |                  |                         |  |  |
| E-mail:   |                   | Website:         |                         |  |  |
| Does your business have liability<br>Insurance?   | Insurance Company | /:               | Policy Number:          |  |  |
| Do you practice any trade for which a license is required? 🗌 YES 🗌 NO   |                   |                  |                         |  |  |
| If yes, specify trade(s):   |                   | License #        | ense # Years certified: |  |  |
| WSIB? <b>YES NO</b>   |                   | WSIB #:          |                         |  |  |



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|---|-----------------------------------|-------------------|--|--|--|
| Posted Hourly Rate:   | Average flat fee (if applicable): |                   |  |  |  |
| Do you offer a Senior's Discount?   YES  NO If YES  | <b>S</b> , how much?              |                   |  |  |  |
| If NO, are you willing to and what percentage? Initial  |                                   |                   |  |  |  |
| SECTION C: SERVICE DETAILS (ALL APPLICANTS)   |                                   |                   |  |  |  |
| Please check all areas of Windsor you are willing to service:         □ LaSalle       □ South Windsor       □ West       □ D  | owntown 🗆 Central                 | 🗆 East 🛛 Tecumseh |  |  |  |
| Should a senior or a person with a disability request Home Maintenance services but are financially unable to pay for services AND you are notified of their circumstances in advance, are you willing to VOLUNTEER your services —that is, perform a specific task for no pay?   |                                   |                   |  |  |  |
| REFERENCES  |                                   |                   |  |  |  |
| Name:   | Phone:                            | Relationship:     |  |  |  |
| 1)  |                                   |                   |  |  |  |
| 2)  |                                   |                   |  |  |  |
| WAIVER, AUTHORIZATION, CONSENT  |                                   |                   |  |  |  |
| By signing this form, I agree to have my name/business name and telephone number released to clients who contact Life After Fifty (LAF) requesting Home Maintenance Services.   |                                   |                   |  |  |  |
| By signing this form, I agree to allow Life After Fifty to contact my references.   |                                   |                   |  |  |  |
| <ul> <li>By signing this form, I agree to be paid directly from the client and that I will only receive payment in the following amounts for the services I provide*: <ul> <li>Snow Removal, Grass Cutting, Leaf-raking (age 15+) - \$12.00/hour</li> <li>Snow Removal and Yard Maintenance using my own power equipment (age 18+ only) \$15- \$20/hour</li> <li>Handyperson services (odd jobs, repairs, etc.) (age 18+ only)- \$15.00-\$20.00/hour</li> <li>Discounted Business rates</li> </ul> </li> <li>*Except in those specific cases where you agree in advance with the person requesting the service to provide the service on a voluntary (unpaid) basis; or in cases where agreed with client that work needs to be quoted by job.</li> </ul> |                                   |                   |  |  |  |
| By signing this form, I agree that I will notify Life After Fifty if I am no longer willing or able to provide the services indicated above or if my contact information changes.   |                                   |                   |  |  |  |
| By signing this form, I agree to keep client information private, and agree to follow up with Life After Fifty on a monthly basis to report any and all hours worked.   |                                   |                   |  |  |  |
| By signing this form I acknowledge that Life After Fifty is not responsible in the event of accident or injury incurred while travelling to or from the job site and while providing services requested and agreed upon for Life After Fifty's Home Maintenance services.   |                                   |                   |  |  |  |
| Signature of applicant:   |                                   | Date:             |  |  |  |
| Parent /Guardian signature if under 18:   |                                   | Date:             |  |  |  |