



ShareCare of Leelanau, Inc.

PO Box 153 ♦ Northport, MI 49670 ♦ 231-386-2273

Independent Service Provider Application: **Caregiver**

ShareCare, a non-profit organization, acts to meet the needs of its members by referring appropriate independent caregivers to them. ShareCare does not charge a fee to its members or to the caregiver for this service. Please complete this application and return to ShareCare along with a resume, if available. Upon receipt of this form, ShareCare will contact you to set up an interview. (THIS FORM MUST BE SIGNED TO BE VALID)

Name: _____ Phone: () _____

Mailing Address: _____ Cell: () _____

City: _____ State: _____ Zip: _____

Birth date: _____ Place of birth: _____

Email Address: _____ CNA #: _____

RN License #: _____ LPN #: _____

EDUCATION (HIGH SCHOOL AND COLLEGE)

Name	Location	Dates

PREVIOUS EMPLOYMENT

Company Name & Phone Number	Supervisor	Start Date	End Date	Reason for Leaving

What kind of work will you do? _____

Describe your training/experience in providing personal care: _____

What areas of Leelanau County do you serve?

- | | |
|--|---|
| <input type="checkbox"/> All | <input type="checkbox"/> Glen Lake School District |
| <input type="checkbox"/> Leland School District | <input type="checkbox"/> Northport School District |
| <input type="checkbox"/> Suttons Bay School District | <input type="checkbox"/> Traverse City School District (Elmwood Township) |

—OVER—

Fees Charged: Fill in the following as appropriate for your work.

() I charge \$_____ per hour () I will quote specific jobs () Nights/Holiday Rates: \$_____

Have you ever been convicted of a felony? _____

Please answer those items that apply:

Liability insurance? _____ Worker's Compensation Insurance? _____

Please list any physical limitations you may have that would affect your caregiving services:

Please list at least 3 professional references that ShareCare may contact (Please include name, mailing address, and phone number as these references will be contacted):

Name & Phone Number	Address

I understand that if called by ShareCare, I will work as an independent Caregiver and will establish my fee for services with the client (or his/her family) and all payments for work performed will be made directly from the client to me, and that a liability waiver (ShareCare will provide) must be signed by both parties before work commences. I understand that I will be responsible for my own (and employees, if any) required government taxes and withholding. Further, I agree that, if necessary, I will cooperate with an impartial ombudsperson to resolve any problems between a client member and me. **By signing this application, I hereby state that all the foregoing information is true, and I give ShareCare permission to run background and reference checks on me.**

Caregiver's Signature

Date

OFFICE USE

Date this form returned: _____ Person/date of interview: _____

Reference Check Forms mailed: _____ Returned: _____

Recommendation/Comments:

Authorized ShareCare Signature

Date