

Yarmouth Association for Community Residential Options

Western Region Respite Program

Independent Respite Contractor Questionnaire

Name: _____
mailing address: _____

postal code: _____
daytime telephone: _____
email: _____

Please circle the selection(s) that apply to you.

How did you hear about the Registry of Independent Respite Contractors?

- a) internet/job bank
- b) presentation
- c) brochure
- d) YACRO
- e) Dept. of Community Services, Dept. of Health
- f) Independent Respite Contractor
- g) other: _____

Educational/Training Background

- a) high school completion
- b) community college diploma (specify program): _____
- c) university degree (specify program): _____
- d) student (specify program): _____
- e) First Aid & CPR (expiry: _____)
- f) Crisis Intervention
- g) tube feeding
- h) personal care
- i) medication administration
- j) other: _____

Work Experience

Please circle the locations you have experience working in.

Locations:

- a)nursing home/residential care facility
- b)small options home
- c)acute care (hospital/facility)
- d)workshop/recreational facility
- e)private agency contract work
- f)independent contract work
- g)other:_____

Please circle the age groups that you have worked with.

Age Groups:

- a)birth-preschool age
- b)school age children (5-12 yrs.)
- c)teenagers (13-19 yrs.)

Please circle the specific conditions that you have experience training/working with.

Specific Conditions:

- a)Developmental Delays
 - b)Cerebral Palsy
 - c)Spina Bifida
 - d)Autism Spectrum Disorder
 - e)Attention Deficit Disorder
 - f)Hearing or vision impaired
 - g)Down s Syndrome
 - h)Conduct Disorder
 - i)other:_____
-
-
-

Schedule of availability

<u>Sunday</u>	day:	yes	no	evening:	yes	no	night:	yes	no
<u>Monday</u>	day:	yes	no	evening:	yes	no	night:	yes	no
<u>Tuesday</u>	day:	yes	no	evening:	yes	no	night:	yes	no
<u>Wednesday</u>	day:	yes	no	evening:	yes	no	night:	yes	no
<u>Thursday</u>	day:	yes	no	evening:	yes	no	night:	yes	no
<u>Friday</u>	day:	yes	no	evening:	yes	no	night:	yes	no
<u>Saturday</u>	day:	yes	no	evening:	yes	no	night:	yes	no

Circle the situations you have experience with and feel comfortable addressing.

- a) complex medical conditions
- b) strenuous lifting
- c) personal care (toileting, bathing)
- d) behavioral issues (ex. aggression, sexuality)
- e) sensory issues

Please circle which programs you wish to apply for:

- a) Autism Registry
- b) Respite/Associated Families
- c) Volunteer Program
- d) Independent Respite Contractor

I, _____, hereby give permission to Yarmouth Association for Community Residential Options, Western Region Respite Program, to present my resume and Independent Respite Contractor Questionnaire to families who are seeking the services of an Independent Respite Contractor/Volunteer.

date: _____

Signature