



MUNICIPALITY OF

# PORT HOPE

Town Park Recreation Centre • 62 McCaul Street, Port Hope, ON L1A 1L2 • Phone 905-885-7908

## Support Worker Release Form

The Municipality of Port Hope Department of Parks, Recreation and Culture takes pride in providing a safe and fun experience for everyone. To ensure transparency and understanding of expectations please fill out this form.

**First and last name of parent/guardian: \***

**First and last name of child: \***

**First and last name of support worker: \***

## Emergency contact for support worker

**Emergency contact for support worker (first and last name): \***

**Phone number of emergency contact person: \***

**Relationship to the support worker: \***

All support workers must provide proof of the following before they are permitted to work with a child in any camp/program setting:

- ◊ Provide the Municipality of Port Hope with a valid (within 6 months) criminal background check (including vulnerable sector check) prior to attending camp
- ◊ Hold a valid Standard First Aid and CPR-C certificate
- ◊ Must be at least 18 years of age

All support workers and parents/guardians are acknowledging they and their designated support person(s) will adhere to the following expectations:

- ◊ Support workers must stay with their designated child and are responsible for their designated child at all times during camp hours
- ◊ Support Workers must be capable of supporting the needs of the child i.e. behavioural, medical, toileting etc.
- ◊ All parties acknowledge that the support worker is not employed by the Municipality of Port Hope;
- ◊ Support workers must work co-operatively with municipal staff to ensure that integration goals are fulfilled;
- ◊ Understand and abide by the Municipality of Port Hope's program policies and procedures. Seek clarification or guidance through the Coordinator Recreation and Culture or the Supervisor of Recreation and Culture as appropriate.

Failure to abide by these expectations may result in a new support worker being requested. I acknowledge that the Municipality of Port Hope shall be released and saved harmless from any and all claims and/or liabilities that may arise resulting from the above-named Support Worker's interaction with and/or support for my child and/or participation in the Municipality of Port Hope's camps and recreation programs.

**I confirm that the support worker provided on this form has been assigned by me to provide support for my child named on this form, while participating in Municipality of Port Hope's camps and recreation programs. \***

Yes

**I have read and understand the requirements of the Support Worker. \***

Yes

**Please provide your signature \***

**Today's date \***

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Under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) and in accordance with the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) and the *Child Care and Early Years Act, 2014*, personal information collected in the 'Support Worker Release Form' will be used solely to facilitate appropriate accommodations and ensure camper safety and well-being. The information will only be kept for as long as necessary to fulfill the purposes for which it is collected. Questions regarding the collection, use and disclosure of personal information can be directed to the Municipal Clerk, 56 Queen Street, Port Hope, ON, 905-885-4544 or [clerk@porthope.ca](mailto:clerk@porthope.ca)