



SEASONAL TEMPORARY WORKER APPLICATION FORM

APPLICATION PROCESS

Thank you for your interest in registering as a Temporary Worker with **Seniors Assistance Home Maintenance Program** at **Toronto Intergenerational Partnerships**. Our Temporary Workers play an integral role in assisting senior Clients in the community with their outdoor maintenance needs. All applications are reviewed in consideration of Client requests, suitability, skill set and reference checks. The steps to registering as a Temporary Worker are as follows:

1. Submit application form.
2. Participate in an interview & provide two pieces of government photo identification (adults only).
3. Provide two references from past employers, volunteer organizations, educational institutions (i.e. teacher or guidance counsellor) or other professionally related sources
4. Review the program orientation information and sign Temporary Worker Terms of Agreement.
5. Be linked to Clients in the Community.

RETURN COMPLETED APPLICATION FORMS TO
Seniors Assistance Home Maintenance Program
212-2401 Eglinton Ave. East
Toronto, ON M1K 2N8
Email – sahm@tigp.org or Fax – 416-531-7337

New Temporary Worker Applicant *Returning Temporary Worker Applicant* Date: DD/MM/YYYY

WORKER INFORMATION

FIRST NAME:		SURNAME:	
ADDRESS:			
INTERSECTION:		POSTAL CODE:	
WORKER TYPE: <input type="checkbox"/> Youth (17 & under) <input type="checkbox"/> Adult (18+)		EMAIL ADDRESS: <input type="checkbox"/> Preferred	
PHONE (H): <input type="checkbox"/> Preferred		PHONE (C): <input type="checkbox"/> Preferred	
LANGUAGES SPOKEN:			
Are you legally entitled to work in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please specify:			
EMERGENCY CONTACT INFORMATION			
NAME:		RELATIONSHIP:	
PHONE (H):		PHONE (C):	
SCHOOL REFERENCE #1 – Applicants under 18			
SCHOOL NAME:		CONTACT NAME: <small>(please print)</small>	
PHONE:		RELATIONSHIP:	
SCHOOL REFERENCE #2 – Applicants under 18			
SCHOOL NAME:		CONTACT NAME: <small>(please print)</small>	
PHONE:		RELATIONSHIP:	



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WORK/VOLUNTEER EXPERIENCE			
ORGANIZATION	RESPONSIBILITIES	FROM (YYYY/MM)	TO (YYYY/MM)

MONTHS AVAILABLE
<input type="checkbox"/> JANUARY <input type="checkbox"/> FEBRUARY <input type="checkbox"/> MARCH <input type="checkbox"/> APRIL <input type="checkbox"/> MAY <input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUGUST <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> OCTOBER <input type="checkbox"/> NOVEMBER <input type="checkbox"/> DECEMBER

AREAS OF INTEREST	
What equipment do you have experience with using (check all that apply):	<input type="checkbox"/> Lawn mower <input type="checkbox"/> Hedge Trimmer <input type="checkbox"/> Line Trimmer <input type="checkbox"/> Other _____
What outdoor tasks are you able to assist Clients with (check all that apply):	<input type="checkbox"/> Grass <input type="checkbox"/> Gardening <input type="checkbox"/> Snow Shovelling <input type="checkbox"/> Yard Clean-ups <input type="checkbox"/> Leaves <input type="checkbox"/> Weeding <input type="checkbox"/> Other _____
What indoor tasks are you able to assist Clients with (check all that apply):	<input type="checkbox"/> Dusting <input type="checkbox"/> Vacuuming <input type="checkbox"/> Dishes <input type="checkbox"/> Laundry <input type="checkbox"/> Bathrooms <input type="checkbox"/> Kitchens <input type="checkbox"/> Other _____
How did you hear about the program?	<input type="checkbox"/> Website <input type="checkbox"/> School <input type="checkbox"/> Employment agency <input type="checkbox"/> Friend <input type="checkbox"/> Flyer/Poster <input type="checkbox"/> Community organization <input type="checkbox"/> edia _____ <input type="checkbox"/> Other _____ <div style="display: flex; justify-content: space-between; font-size: small;"> (please specify) (please specify) </div>

AUTHORIZATION AND ACKNOWLEDGEMENT
<p>Toronto Intergenerational Partnerships reserves the right to accept or not accept applicants for placement as a Temporary Worker within the Seniors Assistance Home Maintenance Program. Temporary Workers are selected and linked with Clients based on their interests, skills, and needs of the program</p> <p><input type="checkbox"/> I verify that the information in this application form is accurate and true and that false or incomplete information may disqualify me from participating and/or result in dismissal from the program.</p> <p><input type="checkbox"/> I authorize Toronto Intergenerational Partnerships to contact the individuals listed on this application to further obtain information that would assist with my placement as a Temporary Worker.</p>

APPLICANT SIGNATURE: _____	DATE: DD-MM-YYYY
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PARENTAL CONSENT – Applicants Under 18
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PARENT/GUARDIAN SIGNATURE REQUIRED FOR ALL APPLICANTS UNDER THE AGE OF 18
<p><i>I give consent for _____ to register as a Temporary Worker with Toronto Intergenerational Partnerships. I understand and am aware of the expectations and mandate of the Seniors Assistance Home Maintenance Program and the responsibilities of a Temporary Worker. I understand that the Seniors Assistance Home Maintenance Program of Toronto Intergenerational Partnerships is not responsible in the event of an accident or injury and that the Seniors Assistance Home Maintenance Program and respective agents and employees will not be held liable.</i></p>

SIGNATURE: _____			
DATE:	DD-MM-YYYY	PHONE NUMBER:	_____

