

# CREATIVE PROGRAMMING TOOLKIT

**A TOOLKIT FOR PARENTS AND OTHER CAREGIVERS: A COLLECTION OF  
TIPS, SUGGESTIONS, AND SAMPLES GUIDING CREATIVE PROGRAMMING  
OPTIONS**

**CREATED BY:**



**FUNDED BY**



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# USING THIS TOOLKIT

**This toolkit will enable you to create programing options for your loved one.**

## **What is a caregiver?**

**A caregiver can be anyone who provides care for someone who needs extra help. Caregivers can be parents, grandparents, siblings, spouses, adult children, other relatives (aunts, uncles, nieces, nephews, grandchildren, cousins, in-laws etc.), friends, neighbours, community members etc.**

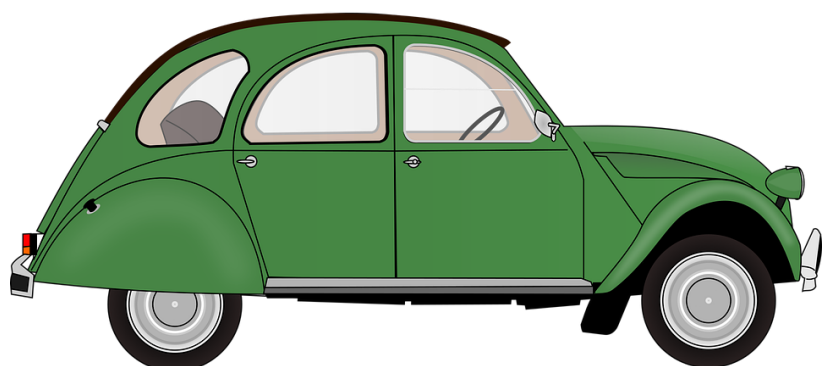
## **Who is this toolkit for?**

**This toolkit is for caregivers that are looking to work together with other families to create affordable options for loved ones. You might be looking to create a program for something that does not yet exist, for example, perhaps you are looking for an opportunity to work with families that speak the same language as you– well this toolkit can assist you with that!**

**\*NOTE:** This toolkit is not limited to caregivers– anyone with a passion for creating programing options can use this.

## **What are the benefits of creating program options?**

- **Eliminate waiting for a program to be offered**
- **The ability to customize and tailor-make a program according to the goals, interests, needs, and abilities of your family member**
- **Working with others who have shared values and common goals**
- **Including your family member in the type of program that is created**
- **Working collaboratively with other caregivers and the community at large**
- **Expanding your network**



# ROADMAP



**READY**  
VISION  
PLAN  
CONNECT



**SET**  
POST  
INTERVIEW  
HIRE



**GO**  
ADVERTISE  
EXECUTE  
EVALUATE

# CREATING AND MAINTAINING A PROGRAM

## BRINGING THE IDEA TO LIFE

- **Step 1: Be clear on the vision**
  - Have a clear idea in mind; what is that you want to create?
  - Understand why you are creating this program-what do you want to achieve? For example, “I want my son/daughter to expand their social network” or “I want to help my community band together around informational workshops” or “I want my family member to engage in self-help and advocacy.”
  
- **Step 2: Planning is essential**
  - Once you have a clear vision in mind, think of a plan to make the vision a reality
  - Assess your strengths
  - Put your goals on paper
  
- **Step 3: Connect with other caregivers**
  - Who have a family member with similar needs, interests, and goals who live in the same geographic location. Start by using your own social networks (social media, personal connections, local agencies, schools, community centers, local libraries, social clubs etc.) to get the word out
  - Coordinate meetings regularly to secure participation and commitment of the caregivers who are to be involved in the program
  
- **Step 4: Discuss ideas**
  - Once you have assembled a group of caregivers who are interested in starting the program, together with the people participating, discuss the types of activities to include in the program.
  - Ensure to discuss activities considering goals, abilities, interests, and skills.

“  
**Tip: It’s okay so start with a small group and build from there!**  
 ”

“  
**Tip: If you are having difficulty finding other caregivers with a similar vision, you can reach out to local agencies for assistance. Don’t give up!**  
 ”



# CREATING AND MAINTAINING A PROGRAM

## → Step 5: Define roles

- It is important to be clear on who is doing what amongst those involved in creating the program, as well those in the roles of staff and volunteer. Identifying a lead and/or co-lead for the group will assist in ensuring smooth operations of the program.

Sample lead caregiver roles and tasks outlined on pg. 10

- Where the program requires more than 1 staff, it is beneficial to hire a facilitator that takes on a lead role.

Sample lead facilitator roles and tasks outlined on pg. 11

Sample support staff roles and tasks outlined on pg. 12

Sample volunteer roles and tasks outlined on pg. 13

## → Step 6: Find a location

- Discuss what days and times are ideal to operate the program (but you may have to be flexible based on what is available)
- Reach out to places of worship, community centers, social service agencies, libraries, welcome center's and/or local businesses to host the program
- Spaces are often donated or available at lower costs, you just have to ask.

## → Step 7: Finalize days and times to operate the program

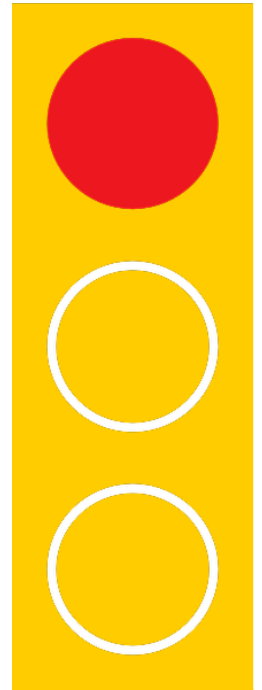
- Once you have a location, set the dates and times based on availability and what works for everyone

## → Step 8: Determine costs and user fees

- Determine the costs to maintain operations of the program
- It is beneficial to forecast costs on an interval basis (for example over a 10-week period)
- Based on the cost, allocate a user fee that will ensure that operation costs will be covered
- This fee can be based on the program, eg. per session/per week block of weeks

Sample budget on pg. 14

## → Step 9: You are now ready for the next step; recruiting and hiring facilitators and volunteers



“

**Tip:** In order to be able to develop a viable and effective program, it is important that families are honest about their expectations and the individual needs, interests, and goals for their family member.

”

# CREATING AND MAINTAINING A PROGRAM

## Recruiting and Hiring Facilitators and Volunteers:

- **Step 1: Create a posting**
  - Outlining what you are looking for in facilitators and volunteers with regards to skills, qualifications, and duties.  
Sample postings on pg. 15 –16
  
- **Step 2: Post**
  - Post the job/volunteer opportunity in various places. Some places include:  
Job sites (eg. Indeed, Charity Village etc.), community centers, welcome center, community bulletin's, employment agencies, YMCA, local libraries, local community agencies social media (eg. LinkedIn, Facebook etc.)
  
- **Step 3: Select candidates for an interview**
  - Review all resumes and shortlist candidates that you would like to interview. For each position you may want to interview 3-5 people.
  - Create application form for selected candidates to fill in when they arrive for their interview. This allows you to gather information on each shortlisted candidate.  
Sample facilitator application form on pg. 17  
Sample volunteer application form on pg. 19
  
- **Step 4: Conduct interviews**
  - Set up and conduct interviews with at least 2 caregivers.  
Note: If you are hiring multiple facilitators, you can include hired facilitators to assist with interviewing candidates.  
Sample facilitators interview guide on pg. 21  
Sample volunteer interview guide on pg. 23
  
- **Step 5: Complete references**
  - For the selected candidates, ask for and check at least 2 of the candidates work or educational references.  
Sample work reference guide on pg. 24  
Sample educational reference guide on pg. 25

“

**Tip:** You can also find facilitators by advertising in local newspapers, networking, checking college or university bulletin boards, or accessing online resources.

”

# CREATING AND MAINTAINING A PROGRAM

## → Step 6: Offer position

- You must ensure facilitators and volunteers obtain a Police Vulnerable Sector check prior to them starting work. You can make a conditional offer until they obtain a clear Vulnerable Sector check. The Police Vulnerable Sector check should be no more than 3 months old and you must view the original, and make a copy for your records.
- You must ensure that facilitators and volunteers have a valid First Aid/ CPR certification. CPI (Crisis Prevention Intervention) certification would be an asset but is not mandatory)

## → Step 7: Letter of Understanding

- You may want to have a letter of understanding between yourself and the facilitator/ volunteer

Sample facilitator letter of understanding on pg. 26

Sample volunteer letter of understanding on pg. 28

## → Step 8: You are now ready for the next steps; starting the program.

### RESOURCES:

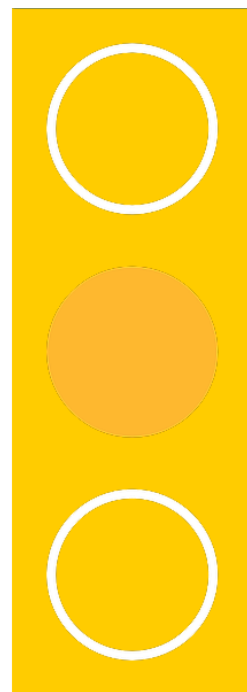
#### Other potential resources in your community:

- ⇒ Community Helpers for Active Participation (CHAP) is a service provided by York Support Services Network (YSSN) that facilitates the connection of individuals with screened workers. You can access this service by visiting their website at <https://bit.ly/2Ot9yWn>
- ⇒ “Hiring a Support Worker– A Guide for Ontarians with a Developmental Disability” is a guide created by the Ministry of Community and Social Services (MCSS) and can be downloaded by visiting this link <https://bit.ly/2yGiyNI>
- ⇒ For information on minimum wage and other labour related information, visit your local Labour Ministry website. For Ontario please visit: <https://www.labour.gov.on.ca>
- ⇒ Sample volunteer sign in sheet on pg. 37
- ⇒ Sample dress code on pg. 38

“

**Tip:** A Vulnerable Sector check is an enhanced criminal record check to verify if an individual has had a pardon for sexual offences. It includes a check of the national database maintained by the RCMP as well as local police records.

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# CREATING AND MAINTAINING A PARENT OPERATED PROGRAM

## Start the Program:

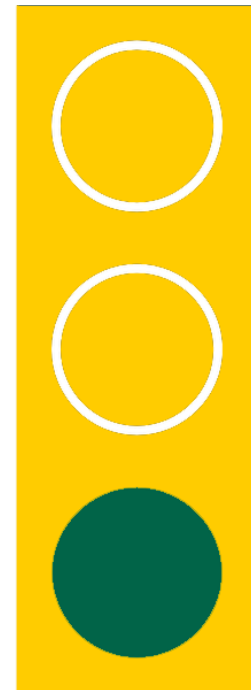
- **Step 1: Create a program flyer**
  - Include relevant information such as location, time, program description and cost. You can use mediums such as Canva to create flyers for free.  
Sample flyer pg. 30
- **Step 2: Advertise**
  - Distribute flyer in schools, social clubs, welcome centers, libraries, local agencies and places of worship etc.
- **Step 3: Ensure all participants complete the registration package**  
Sample package on pg. 32
- **Step 4: Receive payment**
  - Upon receipt of completed registration package, ensure you receive payment at that time.
- **Step 5: Meet with facilitators**
  - Finalize activity schedule and expectations  
Sample activity schedule pg. 31
- **Step 6: Record attendance**  
Sample attendance record on pg. 35
- **Step 7: Evaluate the Program**
  - Once the program starts, it is good practice to evaluate the program.  
Sample parent evaluation on pg. 36  
Sample participant evaluation on pg. 37

**Congratulations! You've got the GREEN LIGHT ! It's GO time!**

“

**Tip:** You can use online tools like Google Sites (to create a website), Mailchimp, and Eventbrite to communicate, raise awareness of the program, and easily keep track of registrations.

”



# SAMPLES

# ROLES AND TASKS OF CAREGIVERS

## Lead Caregiver

- Communicate program goals to facilitator/s
- Provide guidance on program implementation
- Lead formation of caregiver group
- Coordinate meetings and lead discussions
- Share ideas and provide feedback to the facilitator/s with regards to activities and overall operations of the program
- Support the facilitator/s when applicable
- Communicate shared and individual needs of the participants to the facilitator/s
- Make decisions regarding the direction of the group in consultation with other caregivers.
- In some cases oversee overall program budget
- Recruit new participants/caregivers
- Advertise program within own networks
- Seek opportunities for the group

## All Caregivers

- Recruit new participants/caregivers
- Advertise program within own networks
- Seek opportunities for the group
- Any and/all of the above mentioned roles/tasks can be assigned to all caregivers

**\*NOTE\*** There are many ways to operate a group including:

- Designating co-leads instead of just one lead
- Designating a caregiver per task, for instance one caregiver to handle budget, one to handle implementation of the plan, one to hire staff and volunteers, etc.

# ROLES AND TASKS OF THE LEAD FACILITATOR

## Lead Facilitator

- Acquire and submit police vulnerable sector check
- Organize and Coordinate program sessions and activities
- Ensure program activities are aligned with the program goals
- Schedule facilitators and volunteers
- Ensure availability of space and book in advance
- Create activity schedule and distribute
- Facilitate program
- Build rapport/trust and develop relationship with participants and caregivers
- Purchase program materials. Always request receipts and track.
- Oversee overall Program budget and communicate to caregivers organizing the program (unless a lead caregiver has been assigned to this task)
- Collect program fee (unless a lead caregiver has been assigned to this task.)
- Record transactions and ensure adequate funds are available
- Ensure all participants have completed a registration package
- Ensure information of in the registration package is up to date for returning participants
- Complete attendance sheet
- Ensure the availability of First Aid Kit on site
- Ensure location is left clean after each session
- Communicate constantly with caregivers re: program updates, how their family member is doing at the program via e-mail, phone, and/or in person
- Complete program evaluations with caregivers and participants
- Debrief with all facilitators and volunteers at the end of each series on what worked and what didn't and communicate with caregivers to implement suggested changes
- Administrative tasks including but not limited to filing, researching activities, updating program binders, etc.
- Delegate any of the above tasks to others and ensure completion
- Plan for future sessions
- Arrange facilitator/s meetings as necessary
- Attend caregiver meetings
- Other duties as assigned

**\*NOTE\*** It is not necessary to designate a lead facilitator, but has been proven to be best practice.

# ROLES AND TASKS OF THE SUPPORT FACILITATOR

## **Support Facilitator**

- Acquire and submit police vulnerable sector check
- Organize activities with lead facilitator and assist with setup and clean up
- Encourage participants to engage in program activities
- Build rapport/trust and develop relationship with participants and caregivers
- Work with lead facilitator and volunteers to ensure each session runs smoothly
- Communicate with caregivers via email, phone and/or in person regarding the upcoming sessions
- Administrative tasks including but not limited to filing, researching activities, updating program binders, etc.
- Purchase materials
- Plan activities for the future sessions
- Attend caregiver meetings
- Provide feedback during debrief meetings with facilitators and volunteers
- Attend facilitator meetings
- Any and/or all roles and tasks highlighted in the lead facilitators description can be assigned to the support facilitator
- Other duties as assigned

# ROLES AND TASKS OF A VOLUNTEER

## Volunteer

- Acquire and submit the police vulnerable sector check
- CPR/First Aid training recommended
- Crisis Prevention and Intervention training recommended
- Encourage participants to engage in program activities
- Assist Facilitators in putting the activities together, set up and clean up
- Work with the facilitators to ensure sessions run smoothly
- Ensure there is a paid staff in close vicinity at all times when providing support to the participants
- Keep record of volunteer hours
- Administrative tasks including but not limited to filing, researching activities, updating program binders etc.
- And other duties as assigned

**\*NOTE\*** Volunteers can be a very valuable asset to a team. It is important to recognize their contributions. This can be done by presenting them with:

- A certificate of appreciation
- A small gift

# BUDGET

Thursday Social Club		
Expense	Description	Total
Staffing Costs	1 Facilitator x \$18/hour (16 hours)	\$288.00
Supplies	Board Games	\$50.00
	Activity Books	\$15.00
	Paint Supplies and Canvas	\$150.00
	Karaoke Machine	\$200.00
Food	Pizza	\$50.00
	Snacks	\$10.00
Activity Cost	Cooking Class	\$100.00
	Movie Outing	\$80.00
	<b>Total Expense</b>	<b>\$943.00</b>
<b>Revenue</b>		
User Fees	6 x \$160 per participant (8 sessions)	\$960.00
	1 x \$80.00 per participant (4 sessions)	\$80.00
	<b>Total Revenue</b>	<b>\$1,040.00</b>
<b>Total (Revenue-Expenses)</b>		
		<b>\$97.00</b>

# SAMPLE POSTING

## NOW HIRING!

The Thursday Social Group is looking for a facilitator on Thursday nights to operate the group for youth ages 13+ with intellectual disabilities.

### We are looking for a passionate facilitator who:

Has experience working with people with intellectual disabilities, social work experience or equivalent experience

Who is available to work every Thursday from 6:30-8:30pm

Has experience planning and leading activities for youth (life/social skills, outdoor activities, indoor activities, games etc)

Has access to a vehicle is an asset but is not mandatory

Location of program: 123 Jane Doe, Smithville ON L4K 2P3

### Duties include:

Responsibility and punctuality

Ensuring program activities are aligned with the program goals

Creating and distributing schedules to participants/families

Facilitate programs

Build rapport and positive relationships with participants

Ensuring registration

Keeping track of funds/transactions and keeping track of attendance



**Start date** is January 10, 2019 and will continue every Thursday until summer break.

**Rate:** \$14/Hour

If interested, please submit resume to:  
[youremail@youremail.com](mailto:youremail@youremail.com)

For more information contact: 905-123-1234





# SAMPLE POSTING

## VOLUNTEERS NEEDED!

The Thursday Social Group is looking for volunteers on Thursday nights to help facilitate the group for youth ages 13+ with intellectual disabilities.

We are looking for volunteers who are passionate and dedicated to working with youth and who:

- Have experience working with individuals with an intellectual disabilities
- Are available to volunteer every Thursday from 6:30-8:30pm.
- Have or are looking to gain experience creating programming and facilitating activities
- Has a vehicle however, it is not mandatory
- Location: 1234 Happy lane, ON, L7P 1M4

### Duties include:

- Showing responsibility and punctuality
- Assisting facilitator to create activity plans
- Facilitate programs with youth
- Build rapport and positive relationships with participants
- Ensuring registration



**Start date** is January 10, 2019 and will continue every Thursday until summer break.

If interested, please submit resume to: [youremail@youremail.com](mailto:youremail@youremail.com)

For more information contact: 905-123-1234

# A3. FACILITATOR APPLICATION FORM (1)

## Facilitator Application Form

(Please provide the following information to the best of your ability)

### **PERSONAL DATA**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: - \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Are you legally eligible to work in Canada? Yes  No

In case of emergency, please contact: (name, address and telephone number)

1. _____	2. _____
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### **EDUCATION**

Highest Level of Education (Degree /Diploma /Certification):

_____
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How did you hear about us? Newspaper \_\_\_\_\_ Internet \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

Do you have a recent police vulnerable sector check?

Yes  NO

Please list 3 references we can contact: (name and contact information)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

# FACILITATOR APPLICATION FORM (2)

Please check the following that applies:

Driver's License:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
CPR:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
First Aid:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
CPI:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sign Language:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Swimming:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

List other training courses: (list the course and when it was taken)

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I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me for consideration to this opportunity.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# A6. VOLUNTEER APPLICATION FORM (1)

## Volunteer Application

### **Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### **Education**

University/College/High School \_\_\_\_\_

### **Work Experience**

List your employment history and describe duties performed (or attach resume):

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### **Volunteer Experience**

List the organizations that you have volunteered for and describe duties performed (or attach resume):

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### **Availability**

- |  |   |                                    |                                   |
|--|---|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday                        | <input type="checkbox"/> Tuesday                        | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday                        | <input type="checkbox"/> Saturday                       | <input type="checkbox"/> Sunday    |                                   |
| <input type="checkbox"/> Mornings (11:00 am – 3:00 pm) | <input type="checkbox"/> Afternoons (1:30 pm – 5:30 pm) |                                    |                                   |
| <input type="checkbox"/> Evenings (6:00 pm – 9:30 pm)  |   |                                    |                                   |

# VOLUNTEER APPLICATION FORM (2)

**A commitment of 3 months is required. Do you foresee any reason why you may not be able to meet this requirement?**

Yes

No

**If yes, please explain possible conflicts below:**

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## **Additional Information**

**Please tell us in your own words why you are interested in volunteering with this program? What you hope to gain from the experience? What you can contribute to the program?**

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**Please indicate two references (no personal references) whom we may contact with regards to your application:**

Reference 1: \_\_\_\_\_

Reference 2: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# A4. FACILITATOR INTERVIEW GUIDE (1)

## Facilitator Interview Guide

Applicant's Name: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Interviewer(s): \_\_\_\_\_

1. How much knowledge do you have about this program?
2. Tell us about your formal, informal and ongoing education?
3. Tell us about your previous employment and/or experience and how it would benefit you as a facilitator?
4. Do you have any knowledge and/or experience working with people who have an intellectual disability?
5. Tell us about your strengths and skills. And how would that benefit the participants you will be working with?
6. Have you had the opportunity to assist with developing an activity schedule, field trips, etc., for children, youth and/or adults?

# FACILITATOR INTERVIEW GUIDE (2)

7. What is your availability and how flexible are you? For example: if a caregiver is late in picking up their family member, would you be available to stay behind?
  
8. Have you ever had to deal with an emergency situation (i.e. medical, behavioral, etc.)? If so, what was it and how did you respond?
  
9. As a facilitator, you will be working collaboratively with the caregivers and participants, as a team. What do you think are the most important aspects of a successful team?
  
10. Do you have any questions for us?

# A7. VOLUNTEER INTERVIEW GUIDE

## Volunteer Interview Guide

1. How did you hear about this program?
2. Why would you like to be a volunteer?
3. What activities would you like to volunteer for?
4. Have you ever had the opportunity to do volunteer work in the past? If so, tell us about one specific example.
5. Do you have any experience working with people who have an intellectual disability?
6. Do you have any specialized training? (eg. CPR, First Aid, CPI)
7. What days/hours are you available to work?
8. For what length of time can you commit to this volunteer opportunity? (i.e. 6 months, 1 year, etc.)
9. What hobbies/talents do you have that you feel would benefit the participants of this program?



# A9. WORK REFERENCES

**Reference Name:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_  
**His/Her Position:** \_\_\_\_\_ **Date of Reference:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Applicant Name:** \_\_\_\_\_

How long has the person been with the organization? \_\_\_\_\_

What position/s and job responsibilities did the candidate have?

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Was he/she punctual?  Reliable?  Flexible?  Focused?  Team player?

What do you consider his/her best characteristics?

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Are there any areas of concern or areas the person could improve upon?

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Why did he/she leave the company? Would you re-hire this person?

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Do you think that he/she is a good fit for working with people who have an intellectual disability?

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How would you describe his/her attitude in general?

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How does he/she relate to clients/co-workers?

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Is there any other information you would like to communicate to us?

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*Thank you very much for your time.*

# A10. EDUCATIONAL REFERENCES

**Reference Name:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**His/Her Position:** \_\_\_\_\_ **Date of Reference:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Applicant Name:** \_\_\_\_\_

Is he/she enrolled at your school? Yes: \_\_\_\_\_ No: \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

Could you describe his/her program of study? \_\_\_\_\_

How would you describe his/her attitude in general (towards teachers, students, academics, etc)?

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Did he/she get assignments in on time? \_\_\_\_\_ Was he/she punctual? \_\_\_\_\_

What do you consider his/her greatest strengths? \_\_\_\_\_

---

Are there any areas of concern or areas the person could improve upon?

---

Do you think he/she would be a good fit for working with people who have an intellectual disability?

---

Is there any other information you would like to communicate to us?

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*Thank you very much for your time.*

# FACILITATOR LETTER OF UNDERSTANDING (1)

## Letter of Understanding (SAMPLE)

**Lead Facilitator name:**

**Commencement Date:**

**Host Location:**

**Duties and responsibilities include:**

- Work sessions that will be held every \_\_\_\_\_ (insert day) of the week from \_\_\_\_\_ (insert dates)
- Be punctual, responsible, and maintain positive attitude
- Planning, budgeting, scheduling, and implementing the activities for the program
- Purchasing necessary materials for the program
- Supervision of the program
- Provide opportunities for participants to develop life and social skills and maintain an environment that encourages positive relationships
- Engage participants during the program
- Point person for caregivers operating the program
- Communicate with caregivers via regular meetings and emails
- Work cooperatively with other team members, caregivers, and participants in the program
- Other duties as assigned

**Trial period:**

Since we are unaware of how the participants will be engaged in the program, it is very important for the caregivers to request a trial period of one month. At the end of this period, the position will be reviewed by all the caregivers and discussed with you.

**Hours:**

There is a need for the facilitator to be flexible with the day and hours as these may be changed as required according to the participants/parents' needs. Under these circumstances, where hours need to be changed or additional hours required, the caregivers will give as much notice as possible.

# FACILITATOR LETTER OF UNDERSTANDING (2)

**Lateness:**

If you are going to be more than 10 minutes late you are required to contact the caregivers/lead caregivers as soon as possible but at the very latest 30 minutes before you are due to start.

**Compensation:**

\_\_\_\_\_ per hour will be paid for hours worked.

**Sick:**

If you are ill and unable to attend the program you should inform the caregiver/s as soon as possible to enable other arrangements to be made.

**Termination:**

Either party requires two weeks' notice if the arrangement is not working.

**Confidentiality:**

All information regarding the caregivers, participants and their domestic or personal circumstances is strictly confidential and cannot be discussed with a third party without the caregiver/s participants (18 years and up) consent. Exceptions may include emergency situations.

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**Lead Facilitator Signature**

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**Date**

# VOLUNTEER LETTER OF UNDERSTANDING (1)

## Letter of Understanding (SAMPLE)

**Volunteer name:**

**Commencement Date:**

**Host Location:**

### **Duties and responsibilities include:**

- Volunteer sessions that will be held every \_\_\_\_\_ (insert day) of the week from \_\_\_\_\_ (insert dates)
- Be punctual, responsible, and maintain positive attitude
- Provide opportunities for participants to develop life and social skills and maintain an environment that encourages positive relationships
- Engage participants during the program
- Work cooperatively with other team members, caregivers, and participants in the program
- Other duties as assigned

### **Trial period:**

Since we are unaware of how the participants will be engaged in the program, it is very important for the caregivers to request a trial period of one month. At the end of this period, the position will be reviewed by all the caregivers and discussed with you.

### **Hours:**

There is a need for the volunteer to be flexible with the day and hours as these may be changed as required according to the participants/caregivers' needs. Under these circumstances, where hours need to be changed or additional hours required, the facilitator will give as much notice as possible.

### **Lateness:**

If you are going to be more than 10 minutes late you are required to contact the facilitator as soon as possible but at the very latest 30 minutes before you are due to start work.

### **Sick:**

If you are ill and unable to attend the program you should inform the facilitator as soon as possible to enable other arrangements to be made.

### **Termination of work arrangement:**

During the trial period either party requires two weeks' notice.

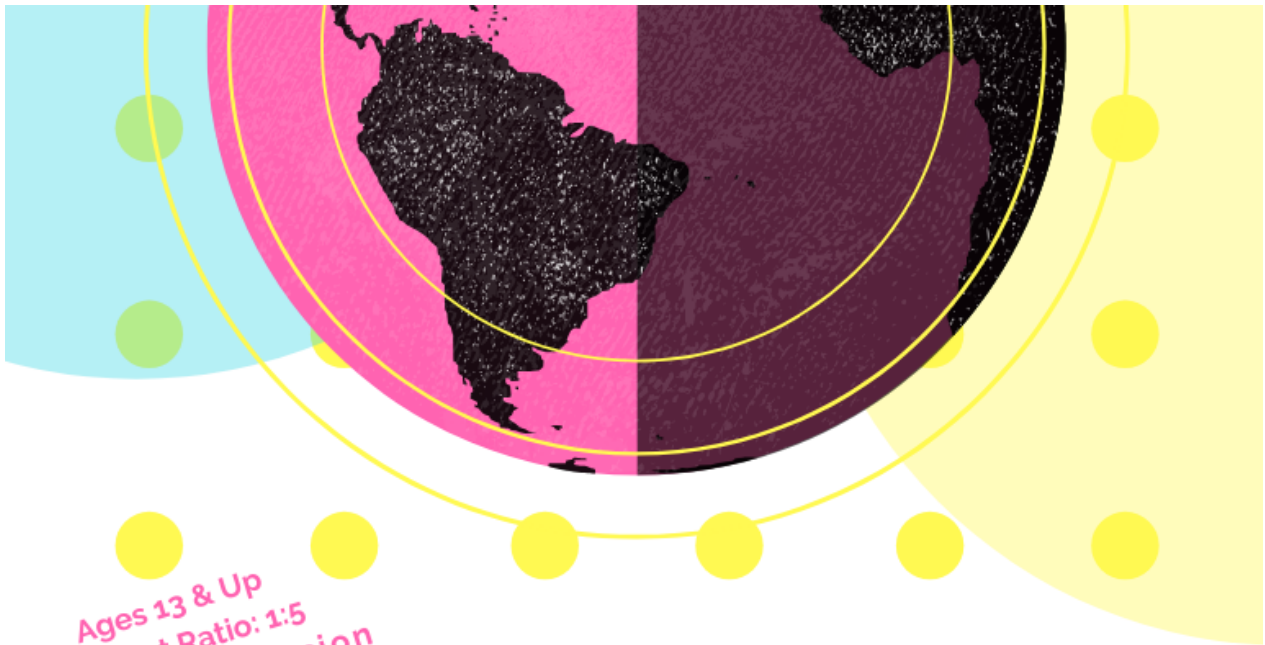
### **Confidentiality:**

All information regarding the caregivers, participants and their domestic or personal circumstances is strictly confidential and cannot be discussed with a third party without the caregiver/s participants (18 years and up) consent. Exceptions may include emergency situations.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

# FLYER



Ages 13 & Up  
Support Ratio: 1:5  
Fee: \$25.00/session

**CAREGIVER OPERATED PROGRAM**

## **THURSDAY SOCIAL GROUP**

**Activities Include: Arts & Crafts, Movie Night,  
Dance Club, Karaoke Night, Cooking Night,  
Bowling, and other Outdoor Activities**

**Date:**

**Starting January 10, 2019 and  
runs every thursday until  
summer break**

**Time: 6:30pm-8:30pm**

**CONTACT:** Program Facilitator | **P:** 905-123-1234 | **E:** youremail@youremail.com

**LOCATION:** 1234 Happy Lane, ON L7P 1M4

# ACTIVITY SCHEDULE

## Thursday Social Group January 10th–February 28th 2019

### Week 1

Jan 10, 2019  
6:30pm–8:30pm

Location: 1234 Happy Lane, ON L7P 1M4

Contact Facilitator @ 905-123-1234

### Karaoke Nights:

- Build confidence and friendships
- Get social and have fun



### Week 2

Jan 17, 2019  
6:30pm–8:30pm

Location: 1234 Happy Lane, ON L7P 1M4

Contact Facilitator @ 905-123-1234

### Art Session:

- Canvas painting
- Light snacks and refreshments



### Week 3

Jan 24, 2019  
6:30pm–8:30pm

Location: 1234 Happy Lane, ON L7P 1M4

Contact Facilitator @ 905-123-1234

### Scrabble:

- Improving vocabulary and spelling skills
- Light snacks and refreshments



### Week 4

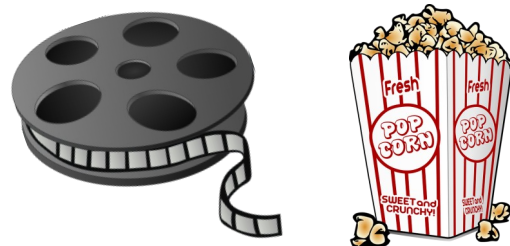
Jan 31, 2019  
6:30pm–8:30pm

Location: 1234 Happy Lane, ON L7P 1M4

Contact Facilitator @ 905-123-1234

### Movie Night at Colossus Theatre:

- Movie to be determined closer to the date



# A11. PARTICIPANT REGISTRATION PACKAGE (1)

**Program Name:** \_\_\_\_\_

**Starting Date:** \_\_\_\_\_

**Cost per session:** \_\_\_\_\_

**End Date:** \_\_\_\_\_

**Payment received by:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

Participant Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Support Ratio: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

## **RECREATIONAL INTERESTS**

My favourite things/activities are:

\_\_\_\_\_  
\_\_\_\_\_

I want to learn:

\_\_\_\_\_  
\_\_\_\_\_

## **BEHAVIOUR**

Sometimes I get frustrated and angry \_\_\_\_\_ YES \_\_\_\_\_ NO

The things make me upset are:

\_\_\_\_\_  
\_\_\_\_\_



# PARTICIPANT REGISTRATION PACKAGE (2)

The things I might do when I am upset are (ie. Screaming, biting etc.)

---

---

When I'm angry or frustrated, I can be best supported by:

---

---

## **COMMUNICATION**

I use verbal communication \_\_\_\_\_ YES \_\_\_\_\_ NO

I use Signing \_\_\_\_\_ Bliss \_\_\_\_\_ Gestures \_\_\_\_\_

I make my needs known \_\_\_\_\_ YES \_\_\_\_\_ NO

My first language is \_\_\_\_\_

I can also speak and understand \_\_\_\_\_

I understand English \_\_\_\_\_

## **HEALTH AND MOBILITY**

Allergies/Dietary Restrictions:

---

---

Mobility Assistance Needed:

---

---

Personal Support:

---

---

**By signing below, I understand that this program is operated by caregivers and I release all program volunteers, facilitators, and organizing caregivers from any and all liabilities.**

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# PARTICIPANT REGISTRATION PACKAGE (3)

## Consent for Release of Information and Photo Usage

**Name of Person Supported:** \_\_\_\_\_

**Date of Birth (mm/dd/yyyy):** \_\_\_\_\_

**Address:** \_\_\_\_\_

I, \_\_\_\_\_, hereby consent \_\_\_\_\_ to:  
(Print Full Name) (Program Name)

Release and/or exchange information concerning \_\_\_\_\_  
(name of person supported) to \_\_\_\_\_  
(name of organization) for the purpose of \_\_\_\_\_.

Use photographs or video footage of me/my child for the purpose of sharing with other families within the program and other agencies.

\_\_\_\_\_  
**Signature of Person Supported (Age 18+)**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

# ATTENDANCE RECORD

## Friday Social Attendance

Sept 16th - Nov 4th

NAME	SEPT 16	SEPT 23	SEPT 30	OCT 7	OCT 14	OCT 21	OCT 28	NOV 4
eg. Peter	✓	✓			✓	✓	✓	

Nov 11th - Jan 13th

NAME	NOV 11	NOV 18	NOV 25	DEC 2	DEC 9	DEC 16	JAN 6	JAN 13
eg. Peter	✓	✓	✓	✓	✓	✓	✓	✓

Jan 30th - Mar 10th

NAME	JAN 20	JAN 27	FEB 3	FEB 10	FEB 17	FEB 24	MAR 3	MAR 10
eg. Peter	✓		✓	✓	✓		✓	✓

# A14. PARENT EVALUATION QUESTIONNAIRE

## Parent Evaluation Questionnaire

**1. Did your son/daughter enjoy the Program?**



YES



NO

If no, please explain: \_\_\_\_\_

**2. Is there anything that we can improve within the Program?**



YES



NO

If yes, please explain: \_\_\_\_\_

**3. Would you access the Program again?**



YES



NO

If no, please explain: \_\_\_\_\_

**4. Would you recommend this Program to a friend?**



YES



NO

If no, please explain: \_\_\_\_\_

*Thank you for your time!*

# A15. PARTICIPANT EVALUATION

1. Please place a ✓ in the box for the answer that best describes your feelings about the program

“The program was...”

[ ] (1) Very Bad    [ ] (2) Bad    [ ] (3) Okay    [ ] (4) Good    [ ] (5) Very Good



2. What part of the program did you like the most?

Please explain: \_\_\_\_\_

3. What did you not like about the program?

Please explain: \_\_\_\_\_

4. Did you learn something new at the program? (Eg. New information, skills, people)



If yes, what new things did you learn: \_\_\_\_\_

5. Would you like to come back to this program again?



If yes, what new things would you like to see happening in the program? \_\_\_\_\_

6. Other suggestions or comments: \_\_\_\_\_

# A8. VOLUNTEER SIGN-IN SHEET

## Volunteer Sign-In Sheet

DATE	TIME IN	TIME OUT	TOTAL HOURS

Total volunteer hours for the month: \_\_\_\_\_

Approved By (Signature): \_\_\_\_\_

# SUGGESTED DRESS CODE POLICY

When providing direct support to people, appropriate clothing and footwear must be worn.

**The following is a brief list of clothing that is not appropriate when providing direct support to people:**

- No torn jeans.
- No directly exposed undergarments.
- No tube tops.
- No mini skirts, mini dresses and/or short shorts (e.g. must be able to bend over without exposing your undergarments).
- Tops and bottoms that expose your chest, midriff or behind.
- No transparent tops.
- No tops that might be offensive or disrespectful to others.

**The following is a list of criteria that is considered to be appropriate footwear:**

- Have a **closed toe** and non slip sole.
- Have less than a one inch heel.
- Any shoe that is securely fastened to the foot. Flip flops would be an example of **unsecure** footwear.

**If your clothing or footwear is deemed inappropriate,  
you may be requested to change.**

CREATED BY:

