



Outside Support Worker Release Form

Personal information on this form is collected pursuant to Section 11 of the Municipal Act, 2001 and will be used to consent to an outside support worker providing assistance. Questions about this collection should be directed to the City's Freedom of Information Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7, by phone at 905-436-3311 or by email at clerks@oshawa.ca.

I, _____, confirm that _____
(Print Name of Parent/Guardian) (Print Name of Outside Support Worker)

has been assigned by me to provide support for my child, _____,
(Print Name of Child)

while participating in the City of Oshawa Recreation Services Program.

The Outside Support Worker will:

- Provide the City of Oshawa with an acceptable criminal background check (including vulnerable sector check) prior to attending any program as an Outside Support Worker;
- Understand that they are employed by the Parent/Guardian stated above and not by the City of Oshawa;
- Work co-operatively with City staff to ensure that integration goals are fulfilled;
- Understand and abide by City of Oshawa program policies and procedures;
- Hold a valid Standard First Aid and CPR-C certificate.

I acknowledge that the City of Oshawa shall be released and saved harmless from any and all claims and/or liabilities that may arise resulting from the above-named Outside Support Worker's interaction with and/or support for my child and/or participation in the City of Oshawa Recreation Services Program.

Parent/Guardian Signature	Date
Outside Support Worker	Date