

RÉFÉRENTIEL POUR PROGRAMMES CRÉATIFS

UN RÉFÉRENTIEL POUR LES PARENTS ET AUTRE SOIGNANTS: UNE COLLECTION DES CONSEILS, SUGGESTIONS ET EXEMPLES GUIDANT DES OPTIONS CRÉATIF POUR PLANIFICATION.

CRÉÉ PAR:



Inspiring Possibilities



Inspirant des possibilités

FINANCÉ PAR



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COMMENT UTILISER CET RÉFÉRENTIEL

Ce référentiel vous permettra de créer des options de planifications pour vos proches.

Qu'est-ce qu'un Soignant ?

Un aidant /soignant est une personne qui apporte de l'aide et du soutien à autre personne qui nécessite de l'aide. Un soignant peut être un membre de sa famille, parents, grand-parents, frères et sœurs, conjoint, enfants adultes, oncles, tantes, neveu, nièce, cousins et cousines, belle-famille, amis, voisins et les membres de communauté, etc.

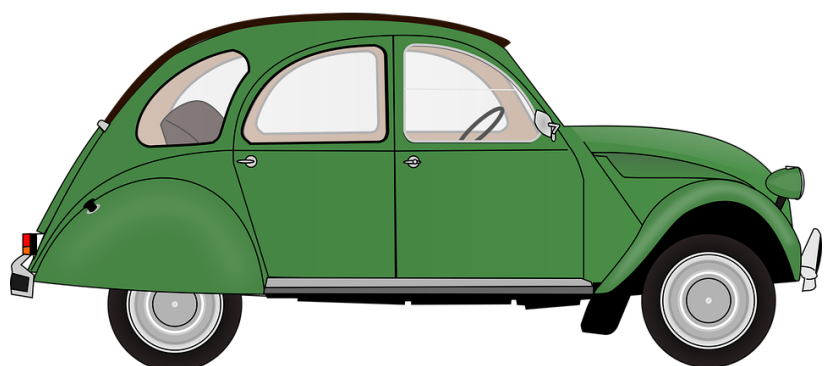
Qui est destinée cet référentiel?

Ce référentiel est pour ceux qui veulent collaborer et créer des options abordable pour leurs chers. Ce pourrait que vous voulez créer un programme qui n'existe pas encore, par exemple, vous cherchez une opportunitè a travailler avec des gens qui parle la même langue que vous? Cette trousse vous aidera!

***à noter :** Cet référentiel n'est pas limitée au soignants uniquement- toute personne qui croit passionnément en créant des programmes peut en bénéficier.

Quels sont les avantages de créer un programme?

- D'éliminer les temps d'attente pour un programme d'être offert.
- Être capable de personnaliser des programmes selon les buts, intérêts, et capacités de votre membre de la famille.
- Travailler de concert avec d'autres qui ont des valeurs partagées et objectifs similaires.
- Encouragez votre proche de participer en type d'activité créé.
- Travailler en collaboration avec d'autres soignants et à l'ensemble de la communauté.
- L'expansion de votre réseau d'affaire.



ROADMAP



À VOS
MARQUES
VISION
PLANIFIER
CONNECTER



PRÊTS
POSTER
ENTREVUE
EMBAUCHER



PARTEZ
ANNONCER
EXÉCUTER
ÉVALUER

CRÉATION ET LA MAINTIEN DE PROGRAMME

Apporter L' Idée A Vie

- **Première Étape : Avoir une vision précise**
 - Soyez transparent avec votre idée, que voulez-vous créer?
 - Comprenez pour-quoi vous créez cet programme? Que voulez-vous atteindre? Par exemple, "Je veux que ma fille/mon fils augmente leur réseau social." ou "Je veux aider ma communauté à regrouper au tours des ateliers d'information et d'autres activités organisées pour leurs membres." Ou "Je veux aider mon membre de famille à s'engager dans l'entraide et de plaidoyer."

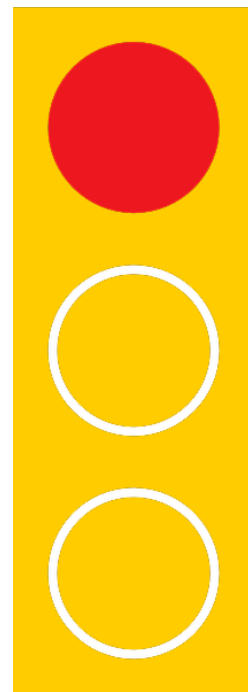
- **Deuxième Étape: : La planification est essentiel**
 - Une fois que vous avez une vision claire, pensez a un plan d'actualiser votre vision en réalité.
 - Évaluer vos forces
 - Mettre ses buts sur papier

- **Troisième Étape: Communiquer avec d'autres soignants**
 - Qui ont des membres de famille avec des intérêts similaires, également dans la même region. Commencez par utiliser vos réseaux sociaux(connexion personnelle, agences locaux, centre communautaires, bibliothèque) et faire passer le mot.
 - Organiser des réunions régulièrement afin de garantir l'engagement et la participation des soignants

- **Quatrième Étape: Discutez**
 - Une fois que vous avez assembler un groupe des soignants qui sont intéressé a commencer cet programme, discutez entre vous des types d'activités vous aimerez inclure dans le programme
 - Parmi d'autres discussions, vous pouvez discuter les buts, compétences et intérêts des membres

“ **Austce: C'est correct d'avoir un petit groupe pour commencer!** ”

“ **Austce: Si vous éprouvez des difficultés à trouver d'autres soignants avec une vision similaire, vous trouverez des gens qui peuvent vous aider à des agences locales** ”



CRÉATION ET LA MAINTIEN DE PROGRAMME

→ Cinquième Étape : Établir les rôles

- C'est important d'établir des normes qui définissent les rôles et responsabilités des soignants et bénévoles. Avoir un contact désigné aidera le programme à assurer le bon déroulement

Exemple: rôle directeur de soignant décrit pg. 10

- Si le programme exige plus d'un membre d'équipe, ce serait bénéfique d'embaucher un facilitateur pour prendre un rôle directeur.

Exemple: rôle facilitateur décrit pg. 11

Exemple: rôle personnel de soutien décrit pg. 12

Exemple: rôle bénévoles décrit pg. 13

→ Sixième Étape: Trouvez un endroit

- Recherchez l'endroit idéal et choisissez le temps qui vous convient le mieux. (Soyez flexible basée sur ce qui est disponible)
- 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.

→ Septième Étape: Finaliser les jours et les heures pour faire fonctionner le programme

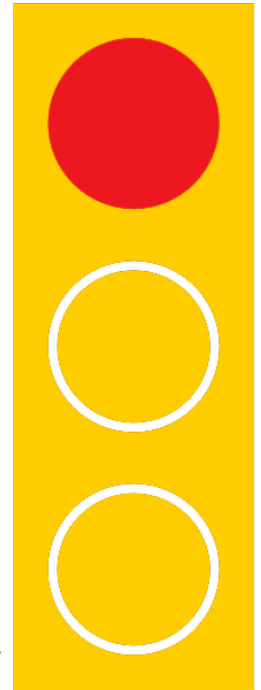
- Une fois que vous avez finalisé un endroit pour le programme, finalisé les jours et temps qui vous convient

→ Huitième Étape: Déterminer les coûts opérationnels

- Déterminer les coûts et les frais d'utilisation
- Il est très bénéfique de prévoir les coûts périodiquement
- Établissez un frais pour les membres de programme, ces frais étant basés sur les coûts opérationnels
- Ce frais peut être fondée sur le programme. Exemple: Par session/ par semaine, etc

Exemple: de budget pg. 14

→ Neuvième Étape: Vous êtes prêt pour la prochaine étape, l'embauchement de nouveaux employés et de recrutement des bénévoles



“

Astuce: Pour être capable de développer un programme qui est effectif, c'est important que les familles soient honnêtes concernant les besoins, les intérêts et buts de leur membre de famille.

”

CRÉATION ET LA MAINTIEN DE PROGRAMME

Embauchements des Facilitateurs et Bénévoles:

- **Première Étape: Créer une affiche d'offres d'emplois**
 - Commencez par indiquer quelle qualifications et compétences vous cherchez pour vos facilitateurs et bénévoles .
Exemple: affiche d'embauchement pg. 15 –16
- **Deuxième Étape: Publier une offre**
 - Afficher l'opportunité d'emploi dans plusieurs places, comme:
Des site web pour emploi (Indeed, Charity Village, etc.) centres communautaires, agences de placement, YMCA, bibliothèques, dans la communauté et à travers les médias sociaux. (Facebook, LinkedIn, etc..)
- **Troisième Étape: Sélectionner les candidats pour un entrevue**
 - Examiner toutes les CV et sélectionner les candidats. Pour chaque poste d'emploi, il est conseillé de choisir 3 à 5 candidats pour les entrevues
 - Créer un formulaire de candidature, ce formulaire vous donnera l'information additionnel sur les candidats lors qu'ils se presentes pour l'entrevue
Exemple: formulaire de candidatures pour facilitateurs pg. 17
Exemple: formulaire de candidatures pour bénévoles pg. 19
- **Quatrième Étape: Conduire des entrevues**
 - Organiser des entrevues avec les candidats. (au moins 2)
Veillez Noter: Si vous embauchez plusieurs facilitateurs, vous pouvez inclure le facilitateur selectionnés pour vous assister.
Exemple: guide de entrevue facilitateur pg. 21
Exemple: guide de entrevue bénévoles on pg. 23
- **Cinquième Étape: Compléter les références**
 - Pour les candidats selectionnés, vérifier au moins deux candidats et leur travail ou références professionnelles et académiques
Exemple: guide de références professionnelles pg. 24
Exemple: guide de références académiques on pg. 25

“ **Astuce:** Vous pouvez aussi trouver des facilitateurs par la publicité dans les différents journaux locaux. ”

CRÉATION ET LA MAINTIEN DE PROGRAMME

→ Sixième Étape: Faites l'offre d'emploi

- Les candidats sélectionnés doivent obtenir un formulaire rempli d'une attestation de vérification du casier judiciaire (VCJ). Vérifiez que la vérification du casier judiciaire (VCJ) n'est pas plus de 3 mois. Vous devez vérifier le document original et faites-en des copies pour votre affiche
- Vous devez assurer que les facilitateurs et bénévoles détiennent un certificat valide de premiers soins. Certificat de prévention des crises serait un atout mais n'est pas obligatoire

→ Septième Étape: Letter d'entente

- Assurer que vous avez une letter d'entente entre vous et le facilitateur et bénévole

Exemple: letter d'entente- facilitateur pg. 26

Exemple: letter d'entente- bénévole pg. 28

→ Huitième Étape: You are now ready for the next steps; starting the program.

RESSOURCES:

D'autres ressources disponibles dans la collectivité:

- ⇒ Community Helpers for Active Participation (CHAP) s'agit d'un service fourni par York Support Services Network (YSSN) qui facilite la liaison des individus avec les travailleurs. Vous pouvez accéder à ce service en visitant le site web <https://bit.ly/2Ot9yWn>
- ⇒ "Hiring a Support Worker– A Guide for Ontarians with a Developmental Disability" est un guide préparé par Ministry of Community and Social Services (MCSS) et peut être accédé en visitant le site web <https://bit.ly/2yGiyNI>
- ⇒ Pour plus d'information sur le salaire minimum et d'autres questions, veuillez accéder le site web du ministère du travail. Pour l'Ontario veuillez accéder <https://www.labour.gov.on.ca>
- ⇒ Exemple: formulaire d'inscription à remplir par le bénévole pg. 37
- ⇒ Exemple: code vestimentaire pg. 38

“

Astuce: Une vérification du secteur vulnérable est une vérification approfondie du casier judiciaire permettant de vérifier si une personne a bénéficié d'une réhabilitation pour des infractions sexuelles. Il comprend une vérification de la base de données nationale gérée par la GRC ainsi que des dossiers de la police locale.

”

CRÉATION ET LA MAINTIEN DE PROGRAMME

Commencer le Programme:

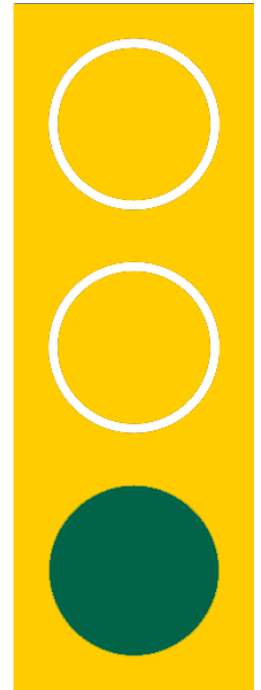
- **Première Étape : Créer un dépliant de programme**
 - Créer un dépliant qui peut être affiché dans les entreprises de la région, y ajoutez les coûts, l'endroit et l'heure. Vous pouvez utiliser les moyens comme Canva pour créer un dépliant
Exemple: dépliant pg. 30
- **Deuxième Étape: Afficher**
 - Distribuant des brochures d'informations dans les écoles, centres communautaires, bibliothèques, dans la communauté et à travers les médias sociaux
- **Troisième Étape: Veuillez assurer que l'enregistrement est mené à terme par les participants**
Exemple: Paquet échantillon pg. 32
- **Quatrième Étape: Recevoir le paiement**
 - Dès réception du formulaire de registration, assurer que vous avez reçue le paiement
- **Cinquième Étape : Rencontrer les facilitateurs**
 - Finaliser le calendrier des activités et ententes
Exemple: Relevé des presences pg. 31
- **Sixième Étape: Relevé des présences**
Exemple: Relevé des présences pg. 35
- **Septième Étape: Évaluer le programme**
 - Il s'agit d'une bonne pratique d'évaluer le programme une fois commencé
Exemple: d'évaluation parentale pg. 36
Exemple: d'évaluation du participant pg. 37

Félicitations! Vous avez le FEU VERT! C'est l'heure d'y ALLER!

“

Astuce: Vous pouvez utiliser des outils en ligne comme Google, Mailchimp, et EventBrite pour communiquer et pour aider à faire connaître le programme.

”



ÉCHANTILLONS

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
	Total Expense	\$943.00
Revenue		
User Fees	6 x \$160 per participant (8 sessions)	\$960.00
	1 x \$80.00 per participant (4 sessions)	\$80.00
	Total Revenue	\$1,040.00
Total (Revenue-Expenses)		
		\$97.00

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

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

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. _____
----------	----------

EDUCATION

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

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)

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):

Volunteer Experience

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

Availability

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Mornings (11:00 am – 3:00 pm)

Afternoons (1:30 pm – 5:30 pm)

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:

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?

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?

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

What do you consider his/her best characteristics?

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

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

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

How would you describe his/her attitude in general?

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

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

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)?

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?

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.

Lead Facilitator Signature

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.

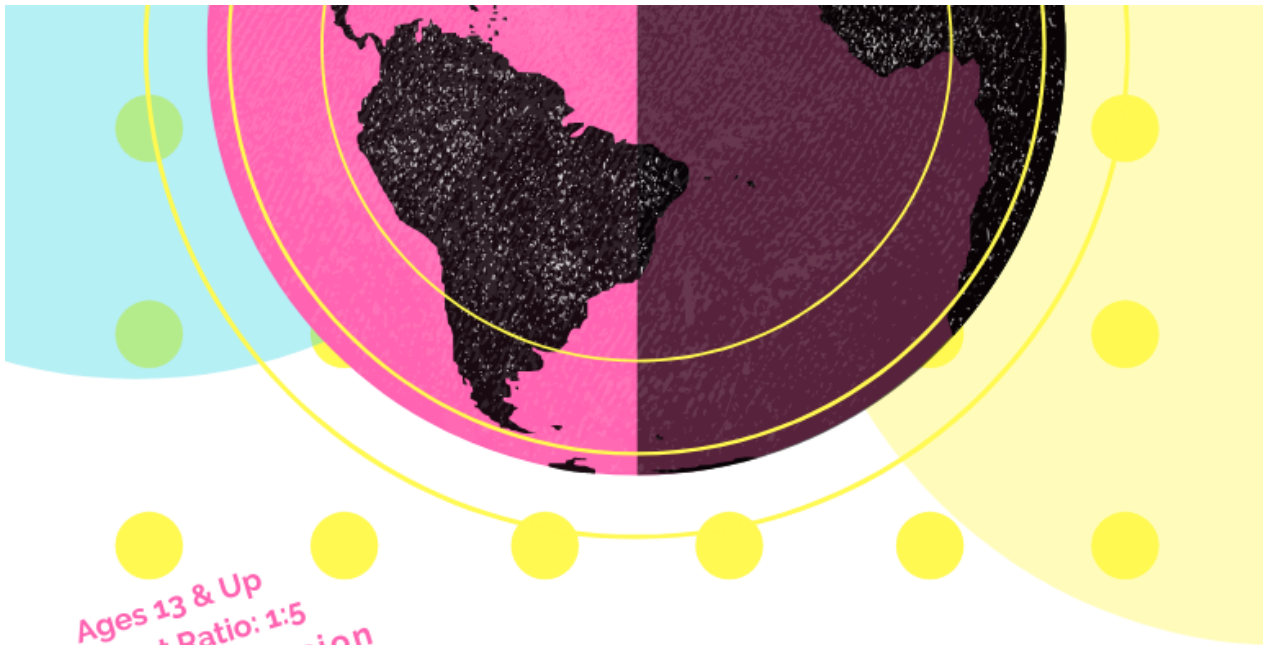
Confidentiality:

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

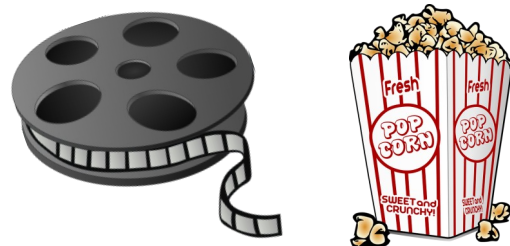
Jan 31, 2019
6:30pm–8:30pm

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.**

CRÉÉ PAR:



Inspiring Possibilities



Inspirant des possibilités

