

# Spectrum Society for Community Living

3231 Kingsway, Vancouver, B.C. V5R 5K3  
Phone: (604) 323-1433 Fax: (604) 321-4144  
www.spectrumsociety.org

## SUPPORTED FAMILY CARE APPLICATION (BASIC)

Name:	Phone:
Alternate phone:	Email:
Address:	
Why do you want to be a caregiver?	

Please indicate the geographic area in which you live or would be willing to re-locate in order to provide care:

- Vancouver
- Burnaby / New Westminster
- Tri-cities (Coquitlam, Port Coquitlam, Port Moody)
- Richmond
- Surrey / White Rock
- Langley / Aldergrove / Abbotsford
- Ladner / Tsawwassen
- North Vancouver / West Vancouver
- Sunshine Coast

### **Preferred age:**

Which of the following would you prefer to support?

- A child
- An adult
- No preference

### **Preferred gender:**

Which of the following would you prefer to support?

- A male
- A female
- No preference

Please describe your home and the space you have available:

Please summarize your experience supporting people with special needs:

**Personal relationships:**

A personal relationship is defined as:

- a) a family relationship
- b) business / commercial / financial relationship
- c) sexual / romantic relationship

Do you have a personal relationship with anyone who is affiliated with Spectrum Society (eg. an employee, volunteer or sub-contractor?)

Yes       No

*Note: Answering yes to this question will not disqualify your application.*

Any other comments?

*Thank you for your application. We will keep it on file for six months. If we determine that your profile may be a match for an individual requiring service, we will ask you to complete a detailed application and come in for an interview. The screening process for caregivers is extensive. Please be aware that, if successful, you will be required to complete:*

1. *The detailed application form*
2. *A criminal records search*
3. *Basic first aid certification*
4. *Physician's clearance*
5. *Minimum of two background references*
6. *A detailed home study*

*Please return completed application to the above address or fax number, c/o Debra Vining. Additional information may be attached, if desired.*