

# Recreation Access

External Support Worker  
Application & Agreement

## Welcome

Welcome to the City of Maple Ridge, Recreation Services. We are excited that you have chosen our programs and services for your recreational needs and goals. Maple Ridge strives to offer inclusive and accessible services and programs for all citizens.

Recognizing the individual needs of our citizens, we welcome external support workers/caregivers to accompany participants in their registered City of Maple Ridge Children's or Youth program of choice. We ask that parents and guardians review the following information and complete the External Support Worker Verification Process with their selected external support worker(s).

We also ask that External Support Workers, parents, guardians, and caregivers review and adhere to the following City of Maple Ridge Parks, Recreation and Culture Procedures:

- **Dress Code:** Please ensure you are dressed appropriately for the camp activities, including wearing closed toe shoes. Please be prepared daily for indoor, outdoor, and water play (ie. bathing suite/ towel, etc.)
- **Snack/ Lunch:** Please bring your snack/lunch with you for the day as you will be expected to remain and eat on-site with the participant
- **Sign In/out & ID Tag:** All external Support Workers will be required to sign in and out with the Camp Supervisor. The External Support Worker will be provided with an ID tag that they must wear during their participation in the camp/program
- **Use of Language:** The External Support Worker is expected to be respectful and professional when communicating with others and refrain from using profane language
- **Use of Personal Cell Phone & Social Media:** Personal Cell Phones and other smart technology are not permitted during program time except to communicate with the parent/guardian of the participant you are supporting. External Support Staff are not permitted to take or share any photos of the program or program participants with the parents/guardians or on any social media platforms
- **Confidentiality:** As an External Support Worker please do not share any confidential information you receive in the course of your work within the program/ camp

### Verification Process:

- Review and acknowledge the City of Maple Ridge Parks, Recreation and Culture Program Procedures
- Review and sign the Parent/Guardian Program agreement (to be completed by the legal parent/guardian)



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- Review and sign the Code of Conduct (to be completed by the external Support Worker(s))
- Ensure the External Support Worker reads and signs the waiver form (this must be completed by all External Support Worker(s))
- Provide a current Police Information Check (PIC), including a vulnerable sector check, that is dated within the last 3 months and has returned satisfactory results
  - *Note: If you are representing an agency or organization that you have previously obtained a PIC for, your supervisor may provide you with a written and signed statement confirming that you have a current and satisfactory PIC to support your verification package*
- Email all the documents listed above which form part of your verification application to [recsupport@mapleridge.ca](mailto:recsupport@mapleridge.ca)

Once your verification package has been received, the program supervisor will reach out to you to confirm the details, ask for more information (if required) and to confirm the request.

***Please ensure that you complete all steps outlined above well in advance of any program deadlines. Support workers are not able to attend any programs until all the outlined steps are completed, and completion is dependent on the processing of the PIC which can take several weeks.***

## Parent/Guardian Program Agreement

### *(External Support Worker)*

*This section of the Agreement must be completed by the parent/guardian of the participant attending the program.*

As the parent/guardian, by signing this Agreement I confirm that I have read, understand, and agree to the information and requirements set out in this Agreement. I also confirm that I have read, understand, and will adhere to all relevant information as outlined in this document and the External Support Worker Code of Conduct. I understand that it is my responsibility to hire, train and compensate (as applicable) the External Support Worker(s), who will be providing direct social, physical (including personal and medical care etc.), emotional and/or behavioral supports to my child/youth while attending recreational programs and services.

I acknowledge that it is my responsibility to confirm if I need to register under WorkSafeBC as an employer of the External Support Worker and provide proof of coverage to the program supervisor if I am required to do so, or if I hire a business, then to confirm if the External Support Worker has WorkSafeBC coverage under that business, and to advise the program supervisor of this.

I understand that program staff will provide the overall programming experience but that they will not be able to assist and/or deliver personal care (including administration of medication, etc.) or behavioral interventions to my child/youth above what is deemed to be within reasonable limits as determined by the City. Program staff will only be responsible for the delivery of the program goals and objectives, ensuring the overall safety of my child/youth, sign in/out procedures, first aid and emergency procedures as per the City's staff training and procedures.

I understand that if my child/youth becomes unsafe to themselves or others within the program, that they may be required to leave for the remainder of the days' activities and will be invited back once the following steps have occurred:

- A phone or in person meeting involving the participant, parents/guardian and appropriate supervisor (and)
- Creation of an individualized return to program plan

If any concerns arise during my child/youth's attendance of the program/ service, I will:

- Follow up with the appropriate staff member, and/or



- Be available to meet with program staff to discuss my concerns (ie. staff performance, participant issues, etc.)

I understand that the City of Maple Ridge is not responsible for any lost, stolen, or broken personal items, including specialized pieces of equipment.

Participant Name:

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First Name	Last Name	Preferred Name	Age
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External Supporter(s) (Approved by Parent(s)/Guardian)

#1.			
	First Name	Last Name	Phone Number

#2.			
	First Name	Last Name	Phone Number

#3.			
	First Name	Last Name	Phone Number

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Parent/Guardian (of Participant) (Print Name)	Signature	Date (YYYY-MM-DD)
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Parent/Guardian (of Participant) (Print Name)	Signature	Date (YYYY-MM-DD)
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*The personal information on this form is collected in accordance with section 26(c) Freedom of Information and Protection of Privacy Act for the purposes of facilitating participation in the Program. If you have any questions about the collection, use or disclosure of this information, please contact the Privacy Officer, at 604-463-5221 or [foi@mapleridge.ca](mailto:foi@mapleridge.ca).*

## External Support Worker Code of Conduct

*This section of the Agreement must be completed by the External Support Worker(s). If more than one support worker is supporting the participant, each support worker will need to complete their own copy of this section. Please note that if the External Support Worker is under the age of 19 years old, a parent/guardian signature will be required as indicated below.*

As the External Support Worker, by signing this Agreement I confirm that I have read, understand, and agree to the information and requirements set out in this Agreement. I also confirm that I have read, understand and will adhere to all City of Maple Ridge procedures as outlined above in this document. I understand that my role as an External Support Worker is to provide support for the individual that I am working with to encourage social engagement with others, to be inclusive in the program/service and to address their individual needs as required, including providing direct social, physical (ie. personal and medical care, etc.), emotional and/or behavioral supports.

The role of the program staff is to support the development of the program, activities, and respond to all matters relative to the health, safety and discipline of the participants in the program/service.

I acknowledge that while working in the program/service environment, I may be privy to confidential information and will respect the rights and privacy of others by maintaining that confidentiality.

I will address all concerns regarding the program and/or staff outside of the program time with the appropriate individuals (i.e. Recreation Leader(s), facility supervisor(s), program supervisor(s), recreation coordinator(s). If there are concerns pertaining to my (External Support Worker) performance in the program/service, a meeting may be required to identify the concerns and appropriate action. The meeting may include program staff(s), supervisors(s), coordinator(s), manager(s) and/or parent(s)/guardian(s) of the participant I am supporting.

<b>External Support Worker</b> – Print Name	Signature	Date (YYYY-MM-DD)
<b>Parent/Guardian</b> – Print Name (if under 19 years old)	Signature	Date (YYYY-MM-DD)
<b>Parent/Guardian</b> – Print Name (if under 19 years old)	Signature	Date (YYYY-MM-DD)

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## External Support Worker Consent Form

Please note that if the External Support Worker is under the age of 19 years old, a parent/guardian signature will be required as indicated below.

<b>Medical Information</b>	<p><b>Emergency Contact:</b> In case of an emergency, please provide an emergency contact:</p> <p>Name: _____ Contact Number: _____ Relationship: _____</p> <p><b>Medical Release:</b> It is the City's protocol to notify the emergency contact when you are ill or need medical attention. If we are unable to contact the emergency contact and we need to get you immediate help, we require your signed consent to do so. By signing below, I hereby authorize as follows:</p> <ol style="list-style-type: none"> <li>1. I give my consent to be taken to the nearest emergency medical centre by ambulance if my emergency contact can not be contacted; and</li> <li>2. I give my consent to receive medical treatment as deemed necessary.</li> </ol> <p><b>External Support Worker Signature:</b> _____ <b>Date:</b> _____</p> <p><b>Parent/Guardian Signature(s):</b> _____ <b>Date:</b> _____ (if under age of 19 years, must be signed by parent/guardian)</p>
<b>Photos/Videos</b>	<p>By signing this section, I hereby authorize that I may be photographed/videotaped and that those photographs/videos can only be used for the purposes of promoting City of Maple Ridge programs.</p> <p style="text-align: right;"><input type="checkbox"/> <b>Yes</b> or <input type="checkbox"/> <b>No</b> (check one)</p> <p><b>External Support Worker Signature:</b> _____ <b>Date:</b> _____</p> <p><b>Parent/Guardian Signature(s):</b> _____ <b>Date:</b> _____ (if under age of 19 years, must be signed by parent/guardian)</p>
<b>Transportation</b>	<p>Transportation will only be provided when indicated within the program description and if there is space for both the participant and support worker. Since the support worker is not City staff, they are not counted in the seats. If the program is full then it will be the responsibility of the external support worker and/or family to transport the support worker and participant to the location of the camp.</p> <p><b>External Support Worker Signature:</b> _____ <b>Date:</b> _____</p> <p><b>Parent/Guardian Signature(s):</b> _____ <b>Date:</b> _____ (if under age of 19 years, must be signed by parent/guardian)</p>

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