



## SENIORS' HOME & YARD MAINTENANCE PROGRAM APPLICATION FOR WORKERS

The Senior's Home & Yard Maintenance Program, is a referral program that assists seniors, elders, and adults with disabilities to remain independently in their homes. Details and payments are arranged directly between clients and workers. To be added to our referral list, please complete the application and email @ [ycoahy@yknet.ca](mailto:ycoahy@yknet.ca) or drop by our office @ 4061 B – 4<sup>th</sup> Avenue

<b>Last Name:</b>		<b>Date:</b>	
<b>First Name:</b>			
<b>Address:</b>			
<b>City:</b>		<b>Postal Code:</b>	
<b>Cell Phone:</b>		<b>Home Phone:</b>	
<b>E-mail:</b>			
Do you have a valid Driver's License:      Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you legally entitled to work in Canada?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
Highest Education completed:			
Trade Certification (if any):			
Do you have any medical conditions or allergies that could affect your ability to provide services? Examples: no heavy lifting, cigarette smoke, climbing ladders, etc. Yes <input type="checkbox"/> No <input type="checkbox"/>			
_____			
_____			

Types of Jobs (Please check all that apply)		
<input type="checkbox"/> Snow Shovelling/Removal	<input type="checkbox"/> Lawn Mowing	<input type="checkbox"/> House Cleaning
<input type="checkbox"/> Lawn Mowing/Maintenance	<input type="checkbox"/> Spring/Fall Yard Clean-up	<input type="checkbox"/> Cleaning Fridge/Stove
<input type="checkbox"/> Minor General Repairs	<input type="checkbox"/> Power Washing	<input type="checkbox"/> Hanging Curtains/Blinds
<input type="checkbox"/> Hanging Shelves	<input type="checkbox"/> Eaves Trough Cleaning	<input type="checkbox"/> Window Washing
<input type="checkbox"/> Minor Plumbing	<input type="checkbox"/> Deck Staining	<input type="checkbox"/> Carpet Cleaning
<input type="checkbox"/> Packing/Moving	<input type="checkbox"/> Chimney Cleaning	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Equipment (Please Check all that you own)		
<input type="checkbox"/> Car	<input type="checkbox"/> Lawn Mower	<input type="checkbox"/> Snow Blower
<input type="checkbox"/> Pick-up Truck	<input type="checkbox"/> Ride on Mower	<input type="checkbox"/> Snow Plow
<input type="checkbox"/> Trailer	<input type="checkbox"/> Power Washer	<input type="checkbox"/> Other

<b>Emergency Contact:</b>	Name: [Redacted]
Phone: [Redacted]	Relation: [Redacted]

<b>Work References:</b>	
Name: [Redacted]	Phone: [Redacted]
Relationship: [Redacted]	
Name: [Redacted]	Phone: [Redacted]
Relationship: [Redacted]	
I hereby authorize the Seniors' Home & Yard Maintenance Program to contact my reference:	Signature:

<b>Completion by: Seniors' Home Yard &amp; Maintenance Program</b>	
RCMP Check/Vulnerable Sector: <input type="checkbox"/>	Confidentiality Form: <input type="checkbox"/>
Waiver: <input type="checkbox"/>	Reference Checks: <input type="checkbox"/>
Information Package: <input type="checkbox"/>	Log Book: <input type="checkbox"/>

**Seniors' Home & Yard Maintenance Program**  
**Yukon Council on Aging**  
**Phone: (867) 667-4357**  
**4061B – 4<sup>th</sup> Avenue, Whitehorse, Yukon, Y1A 1H1**  
[ycoahy@yknet.ca](mailto:ycoahy@yknet.ca)  
**Hours: Monday to Friday 9:00 a.m. to 1:00 p.m.**