



BOSTON  
BAR/NORTH BEND  
ENHANCEMENT  
SOCIETY



Better at Home is funded by the Government of British Columbia.

## Hope/Fraser Canyon Better at Home CONTRACTOR APPLICATION

### Contact Information:

Contractor/Business Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Init: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred communication:  Work Phone  Home Phone  Cell  Fax  Email

Best time to contact you: \_\_\_\_\_

### Services:

Please check which service(s) you would be providing:

Light Housekeeping  Light Yardwork  Minor Home Repairs  Snow Shovelling

How many years have you been in business providing these services? \_\_\_\_\_

What is your basic hourly rate? \$ \_\_\_\_\_ per hour

### Special Skills or Qualifications:

Please summarize special skills and qualifications you or your staff have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

District of Hope **Business License**  Yes  No Business License No. \_\_\_\_\_

**Liability Insurance**  Yes  No Current Liability Coverage Amount: \$ \_\_\_\_\_

**WorkSafe BC** Account No. \_\_\_\_\_

\_\_\_\_\_

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**Availability:**

Please list days/hours your staff would be available.

Check the days that apply	Available Times (if applicable)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

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**References: (Business/Customer)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title/position \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title/position \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title/position \_\_\_\_\_

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**Vulnerable Sector**

We understand that in becoming a Hope/Fraser Canyon Better at Home Contractor, we will working with a vulnerable sector of our society, and that we **may** be required to submit a criminal record check/Vulnerable Sector Check for the services we are providing. If the results are not satisfactory, we understand that we may be declined a position with this program. We hereby declare that all the above statements are true and correct to the best of our knowledge.

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**Confidentiality Agreement**

Every person's private information is confidential. We understand that we may become aware of private information during the course of performing our duties as a contractor for Hope/Fraser Canyon Better, and that we may not divulge or communicate this information at any time to any outside individual or party.

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We hereby undertake as part of the condition of our contractor role, to keep in strict confidence, any information regarding Hope/Fraser Canyon Better at Home, Hope Care Transit Society and Boston Bar/North Bend Enhancement Society, or any information concerning the people we come into contact with during our work with this program.

We affirm that the facts set forth in this application are true and complete. We acknowledge that we have read, understand, and agree to the Confidentiality Agreement above.

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Program Coordinator Signature

\_\_\_\_\_  
Date

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If you are providing service in the Hope area, please return this completed form by mail, email, or in person to the Hope Care Transit office address noted below. If you are providing service in the Boston Bar area, please mail this completed form to Boston Bar/North Bend Enhancement Society at the Boston Bar address below, or contact 604-869-1831 for delivery options.

Thank you for completing this application form and for your interest in working with us. Hope/Fraser Canyon Better at Home Program Coordinator will contact you when your application has been approved and as clients' needs and services are established.

We look forward to working with you on this exciting new initiative funded by the Government of British Columbia and managed by the United Way of the Lower Mainland.

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**Privacy: We will never provide your personal information to any third party without your prior written approval.**

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**Hope/Fraser Canyon Better at Home**

In the Hope area  
**Hope Care Transit Society**  
425 Wallace St. (Fred Green Agency Building)  
P.O. Box 1265, Hope, B.C. V0X 1L0  
Phone: 604-869-3396 Fax: 604-869-3397  
Email: admin@caretransit.org  
Website: www.caretransit.org

In the Boston Bar area  
**Boston Bar/North Bend  
Enhancement Society**  
PO Box 251, Boston Bar, BC, V0K 1C0  
Phone: 604-869-1831  
Email: patriciadavison1@gmail.com  
Website: www.bostonbarbc.net