Blue Rivers Area Agency on Aging

Independent Contractor Information

Name _____

Address _____

Phone Number _____ Birthdate _____

E-mail Address _____

Signature of Contractor _____ Date _____

Work References: _____

_____

_____

How did you learn about the job?_____

Emergency Contact:

Name _____

Phone _____ Relationship _____

Reliable Transportation Yes No

Work Preferences: Laundry _____ Meal Preparation _____

Inside Windows _____ Shopping Assistance _____

General Cleaning (vacuum, dust, mop, wash dishes, clean bathroom, take out trash, etc.) _____

Minor Carpentry _____ Minor Plumbing _____

Minor Electrical _____ Mowing _____

Snow Removal _____ Other _____

Painting (Touch-up only; not whole house) _____

Note: Blue Rivers Agency on Aging will only reimburse for services provided to client's living spaces. This does not include: attic or other floors of a home the client does not use, extra or double-sized lots, gardens, etc. This also does not include trimming trees, bagging grass, or applying chemicals to lawn.

_____ Date _____

Independent Contractor

_____ Date _____

Authorized Agency Signature