



# INDEPENDENT LIVING HOUSING SOCIETY OF GREATER VICTORIA

101-367 Burnside Road East V9A 1A7  
Phone: 250-383-2524 Fax: 250-383-9431  
Email: info@ilhs.ca Website: www.ilhs.ca

## APPLICATION FOR HOME SHARE PROVIDER

Applicant's Name: \_\_\_\_\_

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

Street \_\_\_\_\_ Apt/Suite # \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Home \_\_\_\_\_ Cellphone \_\_\_\_\_

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

Occupation: \_\_\_\_\_

*Length of Employment:* \_\_\_\_\_

Were you referred to ILHS?  Yes  No

*If yes, please provide name:* \_\_\_\_\_

Are you related to/acquainted with anyone employed by ILHS?  Yes  No

*If yes, please provide name and relationship to you:* \_\_\_\_\_

Are you related to/acquainted with anyone who receives services from ILHS?  Yes  No

*If yes, please provide name and relationship to you:* \_\_\_\_\_

Have you previously applied for work with ILHS?  Yes  No

Do you work for another agency?  Yes  No

Have you applied for home share with another agency?  Yes  No

Do you have a current CPR/First Aid certificate?  Yes  No

Do you have a valid Drivers License?  Yes  No

*If yes, please explain:* \_\_\_\_\_

Are there other people residing in the home?

NAME	RELATIONSHIP	SEX/AGE



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Do you own your own home?

Yes  No

*If yes, for how long?*

\_\_\_\_\_

*If no, do the landlords know of your intentions?*

\_\_\_\_\_

Are there pets in the home?

Yes  No

*If yes, how many?:*

\_\_\_\_\_

List any certificates, diplomas, and/or degrees:

NAME OF SCHOOL	MAJOR AREA OF STUDY	DATE OF GRADUATION

Please describe your home and the space that would be available for an individual:

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

Please describe why you would like to be a Home Share Provider and all experience that would support your role as a Home Share Provider:

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



good living starts with HOME

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Please describe the type of person you envision supporting: (i.e. male/female, age, lifestyle, level of independence etc.)

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Describe your community and how the individual would fit into it:

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Please describe your personal philosophy on "independent living":

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## ACKNOWLEDGEMENT OF REQUIRED CREDENTIALS & CONFIDENTIALITY COMMITMENT

This is to confirm that I, (PRINT NAME) \_\_\_\_\_ am aware that providing Home Share with the Independent Living Housing Society of Greater Victoria is dependent upon the following minimum **mandatory** criteria:

The information contained in this application being accurate and truthful, to the best of my knowledge. I authorize the Independent Living Housing Society to investigate all statements contained in this application. I understand that misrepresentation or omission of facts will lead to immediate recession of the application process up to and including termination of employment.

The return of two (2) satisfactory references from previous employers and one (1) from a personal source (reference checks to be completed by ILHS);

Obtain and submit original documentation of the following credentials as indicated:

- a. **Current CPR and First Aid Certificate**
- b. **Current Drivers Licence**
- c. **Current Physician's Letter** - Confirming ability to work in the health sector, mentally and physically
- d. **Drivers Abstract**

**Solicitor General Criminal Record Check** - Completed by ILHS.

In addition, I understand that while working with the Independent Living Housing Society of Greater Victoria (ILHS), I may be privy to confidential information about the Society and its individuals, I therefore understand that I may not repeat such information to anyone, unless authorized to do so by the Independent Living Housing Society of Greater Victoria, nor may I use this information in any manner unrelated to my contract with ILHS. I acknowledge that failure to comply with this confidentiality commitment will result in immediate termination of my contract.

I agree and understand that all the information and statements on my application and/or resume are correct and no attempt has been made to conceal or withhold pertinent information. I agree that any omission, falsification or misrepresentation in cause for discipline up to and including termination of my contract.

I agree and understand that all information and statements on my application and/or resume may be shared with other Home Share agencies.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Employer Representative Signature

\_\_\_\_\_  
Date Signed



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## EMPLOYER REFERENCES

Contact name: \_\_\_\_\_  
Organization/Company: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Position held: \_\_\_\_\_  Full-time  Part-time  Casual  
Dates of employment: From \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving:  Resigned  Dismissed  Layoff/Restructure  
Details: \_\_\_\_\_

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Organization/Company: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Position held: \_\_\_\_\_  Full-time  Part-time  Casual  
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Details: \_\_\_\_\_

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## PERSONAL REFERENCE

Contact name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

How many years have you known them? \_\_\_\_\_

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In connection with this request for information, I authorize all organizations, companies, credit agencies, persons, educational institutions, law enforcements agencies, government departments and former employers to release information they have about me and release them from any liability and responsibility from doing so. This authorization, in original and copy form, shall be valid for this and future reports that may be requested. I understand and accept the purpose of the information gathering is to determine my suitability, with respect to my work habits, performance and experience as well as my driving, credit, criminal, civil, educational and certification information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date