



**Parks, Recreation and Cultural Services
Personal Assistant (Aide) Information Form**

Personal Assistant Name: Last: _____, First: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ home cell Email: _____

Emergency Contact Name: Last: _____, First: _____

Phone: _____ home cell Relationship: _____

Agency/Group Information: (required if Personal Assistant is a paid (employed) service provider)

Name of Agency/Group: _____

Supervisor: _____

Contact information: _____

Program Participant Information:

Name of Participant assisting: _____

Name of PRCS Programs assisting the Participant in: _____

I certify that the statements provided on this information form are true, correct, and given voluntarily. I understand that the City of Shoreline Parks, Recreation and Cultural Services Department reserves the right to screen personal assistants and that the City will not accept as a personal assistant anyone who would jeopardize the safety of PRCS participants and staff and may revoke its acceptance at any time the City deems appropriate.

I understand that the City of Shoreline Parks, Recreation and Cultural Services Department may contact the Agency/Group that I work for to verify my employment or affiliation, or to discuss any concerns regarding performance of my duties while working as a Personal Assistant at a City program/event/activity.

I have read and agree to adhere to the Expectations for Personal Assistants while providing services during the City of Shoreline Parks, Recreation and Cultural Services Department programs.

Personal Assistant Signature: _____ Date: _____

Participant's Parent/Guardian Signature: _____ Date: _____

Please return with proof of background check