

**REGISTRY APPLICATION
GOLDEN UMBRELLA, INC.
200 Mercy Oaks Drive, Redding, CA 96003
(530) 223-6034 - FAX (530) 243-8793**

Dear Applicant,

The Caregiver and Handyman Lists are available for purchase to persons who need honest and reliable in-home help. Golden Umbrella's role is to maintain a registry of individuals who wish to advertise as in-home workers, and who have completed a rigorous screening process.

Golden Umbrella only maintains the registries; we do not participate in the employment process. It is the responsibility of the employer and the worker to make all arrangements for employment, such as the rate of pay (if not IHSS), hours needed, and duties. It is the responsibility of the worker (as an independent contractor) to pay all required state and federal taxes and to follow all applicable rules and laws.

There is an annual advertising fee of \$20, payable to Golden Umbrella. First-time applicants will be included in the "New Caregivers" section at the front of the list for the first three months.

Fingerprinting and a background check are required upon application. A Request for Live Scan form is attached. On the line of the Live Scan form that says "Other Names" please list **all married names, aliases, and maiden name**, if applicable.

STEPS TO COMPLETE THE APPLICATION PROCESS:

Please bring the following to the Golden Umbrella office:

- 1. **Completed application.**
- 2. **Current California DMV print out, with California address.**
- 3. **Current California Drivers License or California ID Card.**
- 4. **\$20 annual advertising fee.**
- 5. **Completed Live Scan form.**

If the screening of your application is successful (including receipt of the results of fingerprint screening, which could take one to four weeks), you will then be placed on the Caregiver or Handyman Registry. **Registry updates are made around the 15th of each month.**

Care-giving work can be a rewarding experience. Golden Umbrella Advocates are available to help if you have any questions or concerns regarding your service to your client. If at any time you want to be taken off the Registry, temporarily or permanently, please notify the Golden Umbrella Registry staff.

You will be notified when it's time to renew your listing. Please indicate on your application if you would like to be notified by USPS regular mail or by email. If you do not respond to our request to renew in a timely manner, you will be removed from the Registry.

APPLICATION FOR
GOLDEN UMBRELLA'S
IN-HOME CARE REGISTRIES

CAREGIVER () OR HANDYMAN ()

200 Mercy Oaks Drive, Redding, 96003 - (530) 223-6034 - FAX (530) 243-8793

<input type="checkbox"/> DMV Print Out attached <input type="checkbox"/> Fee paid & copy attached <input type="checkbox"/> Copy of California Driver's License or ID Card attached <input type="checkbox"/> DOJ () FBI Checked & Live Scan form attached <input type="checkbox"/> NSOPW Checked & printout attached <input type="checkbox"/> References checked: 1____ 2____ 3____	<table border="1"><tr><td>Suitable</td></tr><tr><td>(Initials)</td></tr></table>	Suitable	(Initials)
Suitable			
(Initials)			
** THIS BOX FOR OFFICE USE ONLY **			

Date: _____

Send registry renewal requests by:

USPS Regular Mail **OR**
 Email: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ California DL# or ID#: _____

List your last three local employers:

1. Business Name: _____ Phone: _____

Address: _____

Supervisor: _____ Date started: _____ Date ended: _____

Reason for leaving: _____

2. Business Name: _____ Phone: _____

Address: _____

Supervisor: _____ Date started: _____ Date ended: _____

Reason for leaving: _____

3. Business Name: _____ Phone: _____

Address: _____

Supervisor: _____ Date started: _____ Date ended: _____

Reason for leaving: _____

List three: LOCAL non-related and non-employer references:

1. Name: _____ Daytime Phone: _____

Address: _____ Length of acquaintance: _____ years

2. Name: _____ Daytime Phone: _____

Address: _____ Length of acquaintance: _____ years

3. Name: _____ Daytime Phone: _____

Address: _____ Length of acquaintance: _____ years

Are you signed up to work with the Shasta County In-Home Supportive Services (IHSS) Program? NO () YES ()

(For clients that are eligible for IHSS, the caregiver must be signed up with the program.)

Will you work for clients who are in the IHSS program? NO () YES ()

Have you been on the Golden Umbrella Registry before? NO () YES ()

What languages do you speak? _____

Do you know sign-language? NO () YES ()

Check ALL areas of service that you are willing to provide as a caregiver or handyman:

- | | | | |
|---------------------------------------|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Personal Assistance | <input type="checkbox"/> Yard Work | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Companion | <input type="checkbox"/> Maintenance | - <input type="checkbox"/> interior |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Respite Care | <input type="checkbox"/> Handyman | - <input type="checkbox"/> exterior |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Hospice Care | <input type="checkbox"/> Electrical | |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Live In / Overnight | <input type="checkbox"/> Plumbing | |
| <input type="checkbox"/> Pet Sitting | <input type="checkbox"/> House Sitting | <input type="checkbox"/> Carpentry | |

List any "Special Qualifications": _____

List the cities where you are willing to work: _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

I certify that the information contained in this application is true and correct. I authorize all previous employers and references to give any information needed to Golden Umbrella, in order to evaluate my work experience and personal character.

I am aware that as a condition of my name being placed on the Golden Umbrella Registry, I will be required to successfully complete a screening process and to submit all records and/or information requested.

My signature below signifies that I recognize that my placement on the Golden Umbrella Registry is subject to the discretion of Golden Umbrella and that, should I be placed on the Registry, my name can be withdrawn by the Golden Umbrella at their sole discretion.

I further understand that I am NOT an employee of the Golden Umbrella, but self-employed, and work for private pay. If I am signed up with Shasta County's In-Home Supportive Services, then I will be paid through Shasta County.

I, the undersigned hereby release and agree to indemnify and hold harmless Golden Umbrella, Mercy Medical Center, or Dignity Health from and against any and all injuries to, or deaths of persons and claims, demands, cost, loss, damage and liability, howsoever same may be caused whether directly or indirectly made or suffered by the undersigned, the undersigned's agent, subcontractor and/or employee of such subcontractor while engaged in the Registry Program.

Signature: _____ Date: _____