

Tualatin Hills Park & Recreation District  
**Caregiver Participation Form**

Tualatin Hills Park & Recreation District (THPRD) requires all caregivers who are 18 years or older and will be providing inclusion support while attending THPRD programs to be background-checked. **If you're contracting with a Direct Support Professional (DSP) from a local vendor, they must be recently background-checked by their employer.**

**Personal Information**

NAME Smith, John M.	DATE	THPRD #
PARENT OR GUARDIAN NAME <i>(If applicable)</i>		
PHONE	EMAIL ADDRESS	
PREFERRED CONTACT METHOD <input type="checkbox"/> Email <input type="checkbox"/> Phone	PREFERRED LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	

Please list any accommodation the participant may be bringing with their caregiver (i.e. equipment, service dog):

**Section A. Complete if a DSP is Providing Inclusion Support with a Clearance Letter**

PERSONAL AID NAME	EMPLOYER <i>(If DSP)</i>
PHONE	EMAIL ADDRESS
PREFERRED CONTACT METHOD <input type="checkbox"/> Email <input type="checkbox"/> Phone	PREFERRED LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:

**Please attach a copy of the DSP's Clearance Letter from their current employer.** If you are unable to provide this letter, complete Section B.

**Section B. Complete If a Volunteer is Providing Inclusion Support OR A Clearance Letter Can't Be Provided**

Friends and family are welcome to volunteer to provide inclusion support to program participants. If this is the route you'd like to take, please have all potential volunteers follow the QR code below to submit a volunteer application.

**Relation to Participant:**



**This must be done at least two (2) weeks prior to the start of programs** to ensure enough time to complete a background check and to make sure the program is able to adjust to accommodate an additional person.

Name of Class/Activity	Class Number <small>(Starts with 2 letters)</small>	Location	Date(s)	Time(s)

Please use additional sheets if needed

**Re-Application Reminder:** This form must be completed and updated each term to keep information current and make sure adjustments can be made to accommodate a caregiver in the program. Background checks are only good for one year, so you'll need to complete this form as needed.

**Patron/Guardian Responsibility:** Parents/guardians MUST inform THPRD and follow the steps listed above when a new personal aid will be attending the program.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE