**Caregiver Position Agreement (Sample)**

By and between [Caregiver name] (The Caregiver) and [Agency Name] Management

CAREGIVER POSITION SUMMARY STATEMENT

To assist [Agency Name] in retaining long-term quality clients by following “The [Agency Name] Way” with exactness.

JOB SUMMARY

1. The Caregiver is responsible for the overall care for specifically assigned clients.
2. The Caregiver is responsible for learning and implementing the six core values of [Agency Name], otherwise known as “The [Agency Name] Way.”
3. The Caregiver is responsible for delivering “The [Agency Name] Experience” to every client.
4. The Caregiver must communicate all schedule changes, concerns, and any other pertinent care-related issues directly to [Agency Name] Management over each given client they have been assigned to.
5. The Caregiver is responsible for documenting, according to the documentation system set forth by [Agency Name] Management.
6. The Caregiver is responsible for studying and executing each “care plan” with exactness for each client they are assigned to.
7. The Caregiver is expected to perform the duties that are outlined in each care plan. If The Caregiver has any concerns with any of the duties listed below, The Caregiver will immediately express that concern to [Agency Name] Management who can assist with additional training in these areas:
	* Warm companionship
	* Meal planning and preparation
	* Light housekeeping
	* Bathing assistance
	* Incontinence-related issues
	* Errands and shopping
	* Incidental transportation
	* Medication reminding
	* Accurately and honestly clocking in and out using [Agency Name]’s timekeeping system
8. The Caregiver is responsible for understanding the difference between lifting and transferring, and must never lift a client, under any circumstance.

DRESSING STANDARDS

1. The Caregiver must *always*, unless excused by [Agency Name] Management for a specific client or circumstance, wear their [Agency Name] uniform. The uniforms are provided but The Caregiver is responsible for their pants, which must be tan or black (black pants are only to be worn with the burgundy uniform). Jeans, shorts, t-shirts, halter or sleeveless tops are strictly prohibited.
2. Should The Caregiver be found not wearing their uniform, or wearing something inappropriate and against dressing standards as outlined, they will be put on probation for 60 days. During this probationary period, The Caregiver will be reevaluated. If the caregiver is found not wearing their uniform a second time, during the 60-day probation or thereafter, they may be terminated.
3. Uniforms must be washed and ironed. It is suggested to keep a spare uniform on hand during client visits so The Caregiver can change into a clean uniform should something happen to dirty or damage a uniform. Wrinkled uniforms will not be tolerated.
4. The Caregiver must wear company-supplied name badge during working hours.
5. No body piercings are allowed while caring for a client and all tattoos must be completely covered by [Agency Name] uniform.
6. If applicable, hair and makeup must be modestly done and appear professional.
7. *No* open-toed or high heel shoes are allowed while on the job. This can cause injury to both The Caregiver and the client they’re caring for.

BEHAVIOR STANDARDS

1. Inappropriate language, jokes and the like are prohibited. Such behavior presents an unprofessional image and reflects poorly upon [Agency Name].
2. It is inappropriate to solicit any type of other business, such as multi-level marketing, to [Agency Name] clients or family members while under our employ, whether on or off the clock. Any violation may result in immediate termination.

STANDARDS SPECIFIC TO THIS POSITION

The [Agency Name] Way – Our 6 Core Values

1. Professionalism
	* I will wear the [Agency Name] uniform and badge to every shift, unless otherwise authorized by [Agency Name] Management.
	* I will never discuss with a client or their family members personal matters that would appear unprofessional by [Agency Name] standards. Such personal matters can put a client in an awkward position and create a negative atmosphere for [Agency Name] and their caregivers.
	* I will always be professional and respect the client’s personal property items and privacy.
	* I will *never* give a client’s phone number to anyone, including my own family. If someone needs to contact me I will have him or her call [Agency Name] first who will contact me at the client’s home if it is an emergency.
	* I will never give my personal information, including my address, email or phone number, to any client or family member. If asked to do so, I will refer them to [Agency Name]’s main office.
	* While at the client’s home, I will only take phone calls that are a matter of emergency or when [Agency Name]’s office is trying to contact me, and even then these calls will remain brief. I will instruct my family and friends not to contact me during work hours, except in cases of emergency.
	* I will not speak poorly of other team members to clients or their families. This includes [Agency Name] employees and other professional healthcare staff involved in the care of [Agency Name] clients. If I have a grievance or concern with a team member, I will speak to [Agency Name] Management.
	* I will never speak ill or negatively of [Agency Name] in the presence of a client, another caregiver or family member. I understand that [Agency Name] has an open door policy and if I have grievances or concerns about [Agency Name], I will talk directly to the Care Director.
	* I understand that I am an employee of [Agency Name] and that all care related issues must be communicated directly with [Agency Name] Management and not the client.
	* I understand that [Agency Name] is responsible for the client I am assigned to.
	* I will respect [Agency Name] Management’s authority and follow through with their various requests as long as I am not asked to violate any rules set forth by [Agency Name]. If for some reason I have a concern about any of the [Agency Name] Management team, I understand that I can express these to the Executive Director.
2. Consistency
	* I will follow each care plan and make sure that my clients get the same high level of care every time I visit.
	* I will always accurately clock in and out using [Agency Name]’s timekeeping system. I understand that failure to do so may result in a delay of my pay for that particular shift and in some instances may result in termination. If I forget to use Telephony, I agree to immediately notify the office so they can adjust the schedules accordingly.
	* If I am a live-in or am required to fill out a timesheet for any reason, I will fill timesheets out accurately and turn them into the [Agency Name] office no later than 9am every Monday morning.
	* I understand that [Agency Name] will not tolerate tardiness. I agree to be on time to every shift and understand that excessive tardiness will result in termination.
	* I will communicate my days off with my supervisor. If I desire extended days off, I agree to obtain approval from my supervisor or [Agency Name] Management in advance to ensure my absence does not impact the workplace, and does not put an unnecessary burden on other employees.
	* When I do take days off, I will *always* notify the office at least 10 business days in advance of the time I need off, except in cases of emergency or unusual circumstance. Failure to comply with this rule may result in disciplinary action, including immediate termination.
	* I will document the duties performed for clients to whom I am assigned, in the documentation logs at the end of each visit. The documentation will include tasks performed for the client. I will note/narrate all duties, not included on the documentation checklist, in the notes section of the documentation logs. Such narrative notes will be readable and clear for [Agency Name] Management. If I fail to document during every shift, I may face disciplinary action.
	* I will keep my employee file up-to-date. This includes a yearly driving record, auto insurance (whenever it is renewed), TB tests, and all other necessary documentation as requested by the office staff.
	* I will strive to be proactive when working with [Agency Name]’s clients and make sure that I never leave a client’s home without it looking better than when I arrived. That includes a clean kitchen, bedrooms, bathrooms, etc., if requested in the care plan.
	* I understand that I may be asked to fill-in for other caregivers who are unable to make their shift. I agree to always communicate such requests for fill-ins to the office immediately.
3. Integrity
	* I will always be honest with [Agency Name] and their clients.
	* I understand that all client information in the care plan is confidential and must not be shared with others outside [Agency Name].
	* I will never take advantage of [Agency Name]’s clients in any way.
	* I will always strive to fulfill my responsibilities outlined in each client care plan.
	* I will always be honest when documenting at the end of each shift what I did for the client that day.
	* I will never solicit an [Agency Name] client for private care (please read the General Standards section for more on this subject).
4. Compassion
	* I will always strive to adhere to [Agency Name]’s mission of “performing my collective duties with confidence, concern, commitment, cheerfulness and care. I will treat every contact as a friend, every client as family and perform every task with honor.”
	* I will treat each client with respect and dignity and remember they are adults.
5. Quality Training
	* I will strive to attend at least 50% of all monthly in-services during the course of a year. I understand I will be compensated for these in-services (or compensated for my time, while in training, based upon my current hour wage rate).
	* I will become First Aid Certified within 90 days of hire and keep it from expiring while employed by [Agency Name]. I understand that [Agency Name]will pay for this certification.
	* I will strive to seek out education that would enhance my skills as a caregiver.
	* I will finish [\_\_] hours of training each year while employed with [Agency Name]. I understand that my participation in monthly in-services will fulfill that requirement.
6. Safety
	* I will never lift a client, under any circumstance. If a client falls, I will not panic. I will get them comfortable and call the necessary emergency contacts and 911 if instructed in the care plan. But I will *never* try to pick them up, even if they ask me to.
	* I understand that by lifting someone, I could injure myself as well as the client.
	* I understand that [Agency Name] can lend me a safety belt, if I desire.
	* Safety for the client and myself are foremost in my mind and I will never do anything that would jeopardize that safety.

GENERAL STANDARDS

1. I have thoroughly read the Policies and Procedures and agree to abide by them. I understand that failure to abide by any of the standards outlined in this document may result in termination.
2. I understand that [Agency Name] provides non-medical care for the elderly. I agree that if I am unsure if a task can be performed, I will first check with [Agency Name].
3. I understand that I will be paid for completed services by the hour or by the job, depending on instructions from [Agency Name].
4. I understand that I may not make any private arrangements with or provide care independently to any [Agency Name] client during my employ and for one (1) year after leaving employment with [Agency Name]. Any violation of this policy may result in subsequent legal action against me. I also understand that my clients have signed a contract with [Agency Name] that financially penalizes them for hiring away [Agency Name] caregivers for private work. I understand that by violating this policy, I am causing them to violate their contract.
5. I agree that I will give [Agency Name] two (2) weeks notice if I decide to terminate my employment. I understand that I will receive my final paycheck on the next regularly scheduled payday. I also understand that I will not receive my final paycheck until all [Agency Name] items loaned to me are returned, including uniforms, employee manuals, safety belts, etc.
6. I understand that if I am found to be using drugs or alcohol while on the job, or if I show up to work in an intoxicated state, these are grounds for immediate dismissal and further legal action if any state or Federal laws have been violated.
7. I understand that if I fail to report to work and fail to notify [Agency Name], that I will be considered to have voluntarily quit my job without notice. I also understand that if I am licensed as a C.N.A. or other licensed healthcare professional that [Agency Name] reserves the right to report client abandonment to the state health department, which may result in losing the applicable license.
8. I understand that [Agency Name] encourages caregivers to recommend ideas for the vision of the company. [Agency Name] recognizes that some of the best ideas come from caregivers who openly share best practices and are constantly looking for better ways to help their clients remain independent in their homes.
9. I understand that no information about my location or plans for the day, or pictures of [Agency Name] clients or family members, should be shared on any social media network. I agree not to tell strangers to the client where I am spending the day.
10. I understand that any and all private information obtained about the employers, patients or their dependents during the course of employment, including but not limited to medical, financial, legal and career, are strictly confidential and may not be disclosed to any third party for any reason.
11. I understand that any violations of any portion(s) of this Agreement may be grounds for my immediate termination.

Signing on behalf of The Caregiver and agreeing to accept all its accountabilities and being bound by the terms of this agreement is:

Caregiver Signature:

Caregiver Printed Name: