

HANDYWORKS PROGRAM

The logo for HandyWorks features the word "HandyWorks" in a grey, rounded, sans-serif font. The letter "H" is replaced by a red hand icon with fingers spread. The words "HANDYWORKS" and "PROGRAM" are written in a bold, black, sans-serif font, arched over the top of the logo.

A program of the Greater Minneapolis Council of Churches

Note: The last page contains a criminal background check consent form. You will need to sign the form in the presence of a notary public. Notify Megan at 612-721-8687, ext. 329 prior to the interview if you are in need of a notary. Please bring a valid MN identification card/driver's license for picture identification, no exceptions. When you have completely filled out your application, please mail back immediately to: HandyWorks, 1001 East Lake Street, Minneapolis, MN 55407-0509, or fax to 612-722-8669, or drop off at above address.

Once your application has been reviewed we will set up an interview. It will take a few weeks to process your criminal background check and verify your references. If you have any questions about the application process please call Megan at 612-721-8687, ext. 329.

THANK YOU!

HANDYWORKS PROGRAM

Project Description

Introduction

HandyWorks Program of the Greater Minneapolis Council of Churches (GMCC) develops, coordinates, and promotes the provision of chore/home maintenance services.

The HandyWorks program serves south and northeast Minneapolis.

The cost of services is between 12-15 dollars an hour. There are clients who are subsidized according to their income. HandyWorks issues a check for the subsidized amount. The United Way and an Older American Act Grant provides funding through the Metropolitan Area Agency on Aging, Inc.

Description of Services

HandyWorks provides assistance to persons 60 years of age and disabled adults. This assistance is with household chores and minor home repairs so they may continue to live independently in their own homes.

The types of service provided fall into five categories:

1. **Seasonal Outdoors Work** (one-time jobs) -- clean and change storm windows, rake leaves, clean gutters, trim shrubs, etc.
2. **Indoor Heavy Cleaning** (one-time jobs) – wash walls, windows, clean basements, help pack for moving, spring cleaning, special cleaning of unhealthy environments, etc.
3. **Minor Home Repair and Modification** (one-time jobs) – repair broken windows, leaky faucets and unsafe porch steps, perform minor electrical, carpentry, and plumbing jobs, install locks, do minor weatherization tasks, interior painting, etc.
4. **Yard Work and Snow Removal** (on going jobs) – lawn mowing, trimming weeds, snow removal.
5. **Routine Indoor House Cleaning** (on going jobs) – vacuum, dust, clean floors, kitchen, bathroom, bedroom, living/dining room, and laundry.

NO FOOD PREPARATION, PERSONAL CARE, OR MOBILITY ASSISTANCE.

Handy Works Program
1001 E Lake Street
Minneapolis, MN 55407

Full Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: Day _____ Evening _____ Social Security # _____ - _____ - _____

Email: _____

Employment History/Volunteer Activity - Current or most recent employment/volunteer activity.

1. Name of Employer _____ From / / To / /

Address _____

Position/Title _____ Phone #() _____

Responsibilities: _____

2. Name of Employer _____ From / / To / /

Address _____

Position/Title _____ Phone #() _____

Responsibilities: _____

3. Name of Employer _____ From / / To / /

Address _____

Position/Title _____ Phone #() _____

Responsibilities: _____

4. Name of Employer _____ From / / To / /

Address _____

Position/Title _____ Phone #() _____

Responsibilities: _____

5. Name of Employer _____ From / / To / /

Address _____

Position/Title _____ Phone #() _____

Responsibilities: _____

References: List below three persons not related to you who have known you for at least one year. List a daytime phone number for each reference. They must be 18 or over. For example: pastor, teacher, past client, etc.

Name	Address	Relationship	Day Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Emergency contact person if injured on job: Name _____

Address _____ Phone _____ Relationship _____

Have you ever been convicted of any crime? No _____ Yes _____ If yes, please explain _____

Charge: _____ (A conviction itself does not constitute an automatic bar from our Skills Bank list.)

Can you legally work in the United States? Yes _____ No _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal from the program. I hereby release Rivercreek and their staff from any liability connected with this service.

Signature _____ Date _____

**Inventory of Skills – mark in which you have experience
And are interested in doing with the chore project**

Snow Removal

- Shovel walks and driveways
- Remove Snow from roof with rake
- I have experience using snow blowers
- I have snow blower to transport

Lawn and Garden

- Mow lawns
- I have power mower to transport
- Rake leaves
- Shrub trimming
- Gardening (prep soil, transplant, plant, weed, trim, etc.)

Painting

- I have experience with estimates
- Interior painting
- Exterior painting
- Wall paper installation

Home Maintenance and Repair

- Caulking, weatherization, insulation
 - Repair windows and screens
 - Minor cement repair
 - Minor appliance repair (list type of appliances:)
-

Plumbing

- Toilet repair
- Pipe repair
- Faucet repair

Household Chores

- Change storm windows and screens
- Wash windows
- Clean gutters
- Okay with being on an extension ladder
- Heavy cleaning (basement, garage)
- Move heavy objects – maximum weight _____
- Wash walls
- Change furnace filters

Carpentry

- Minor repairs

Electrical

- Minor repairs
- Electric Outlets
- Fixtures

Housecleaning

- General cleaning (includes dusting, vacuuming, washing floors, cleaning bathroom and kitchen, wiping down appliances: may also include laundry, ironing and changing bed sheets)

Installation

- Locks
- Handrails and grab bars

Please list any other skills:

Days available _____ Hours _____

Transportation (please circle) Car Truck Bus Parents Other _____

Driver's License Number _____

Tools and equipment available (please list) _____

Do you have any physical limitations that may prevent you from doing skills you marked above? _____ If yes, are you able to make compensation in order to do them? Please explain. _____

How did you hear about the HandyWorks Program? _____

HANDYWORKS PROGRAM
Independent Contractor Chore Service Participant Agreement

The Metropolitan Area Agency on Aging Incorporated (MAAA, Inc.), which provides funding for this program, requires that HandyWorks reports, "hours served" in quarterly reports. This data is vital to our program for us to provide accurate reports to Congress to justify funding to meet the continued need for these services.

HandyWorks is required to participate in the data collection because we receive funding from the Federal Older Americans Act. Funding is dependent upon completing this information.

1. The undersigned agrees that she/he is not an employee of HandyWorks or Greater Minneapolis Council of Churches (GMCC). She/he is a participant in the HandyWorks program as an independent contractor.
2. The undersigned hereby specifically indemnifies and holds harmless both the HandyWorks program and GMCC for any liability or cause of action resulting from the undersigned's participation in the HandyWorks program.
3. The undersigned understands that as an independent contractor, she/he is wholly responsible for the quality and result of the work performed. **The HandyWorks program does not assume any responsibility for, nor does it hold any liability insurance for property damage or bodily injury that results from the work of the independent contractor.**
4. The undersigned agrees to use the forms prescribed by the HandyWorks program in contracting with recipients (clients) of services.
5. The undersigned agrees that said contracts shall be used and be valid only for work specifically referred by the HandyWorks program in connection with the HandyWorks Project.
6. The undersigned understands the importance of turning in job sheets. HandyWorks is a federally funded program. In order for HandyWorks to record "hours served," job sheets must be submitted to the HandyWorks Coordinator by the 25th of each month. Failure to do so may result in no reimbursement for the work performed.

Signature_____

Date_____

HANDYWORKS INDEPENDENT CONTRACTOR
Procedures and Responsibilities

1. Report to the job on time. If you must cancel for any reason it is your responsibility to reschedule the appointment with the client and notify them of the change prior to the scheduled date and time.
2. Before beginning a chore/home maintenance job, you will review with the client what work needs to be done and what supplies are needed.
3. When HandyWorks matches you up with a client to do a chore/maintenance service, it is understood by HandyWorks that the job will be accomplished by you and will be on your job sheet at the end of the month.
4. It is my responsibility to inform the HandyWorks Coordinator right away, if the client changes their mind about needing the service done by me any longer for any reason.
5. When each job is complete, immediately fill in your job sheet completely. Ask the client to review the information you have filled in with reference to them, you then ask the client to sign.
6. By the 25th of each month, turn in your completed job sheet to the HandyWorks office via facsimile (FAX), mail, or you can drop it off with the receptionist at the front desk. Any work done after the 25th will be recorded on the following month's job sheet.
7. When providing services to the clients, identify yourself clearly as a HandyWorks independent contractor. Please make a point of providing services to the client at a reasonable hour. Calls late in the evening can be quite upsetting to some people.
8. Do not under any circumstance request or accept a loan, a gift of money, or material things from a client. Also, do not request refreshment other than water from a client while on the job. You may accept refreshment from a client if they offer it. Any acceptance of money or gifts is grounds for termination from the HandyWorks skills bank.
9. Do not refer friends or any other independent contractors to do work for the clients. All independent contractors must be screened through our application process before they can be assigned chore/home maintenance jobs.
10. Do not under any circumstances provide personal care, mobility assistance, or food preparation for client.
11. It is the your responsibility to notify the HandyWorks coordinator at least TWO WEEKS prior to resigning from the program. Be prepared to turn in the list of all clients you serve. You must notify your clients of your resignation and we in return will contact them regarding their future needs.
12. If you have a situation with a client, have any questions, concerns or complaints; please call the HandyWorks coordinator at (612) 721-8687, ext. 329, FAX: (612) 722-8669, Email: mnolan@gmcc.org.

SIGNATURE _____

GREATER MINNEAPOLIS COUNCIL OF CHURCHES
P.O. Box 7509
1001 East Lake Street
Minneapolis, MN 55407-0509
(612) 721-8687

Non-profit account #: 6127218687

Date: _____

The following named individual has made application with this agency for employment , **OR** is employed with this agency:

Name of Applicant _____
Last First Middle (Full)

Maiden, Alias, or Former Name _____

Sex: M F - Date of Birth _____ Social Security # _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Rivercreek/Southside HandyWorks staff a program of the Greater Minneapolis Council of Churches for the purpose of becoming an independent contractor with this agency.

Signature of Applicant Date

NOTARY:

State of Minnesota

County of Hennepin

Signed or attested before me on _____ (date) by

_____ (Name(s) of person(s).)

(Seal, if any)

Signature of notarial officer

My commission expires: _____