

Backpacker Agreement

Personal Information

Name: _____

Address: _____

Home Phone Number: _____ Cell Phone: _____

Emergency contact (name/relation and phone):

E-mail Address: _____

Details

The Peer Advisor will assign roles, responsibilities, hours and tasks.

Tasks/hours within the program will vary in length, depending on project need and the type of activity. Each Backpacker will be paid a 4 hours per week for their work within the project

Backpackers will be paid \$20/hour, and are responsible for keeping in contact with Peer Advisor 1x/week to give hours and data on Thursday of each week. Payment will be via cheque and will be issued twice a month. Backpackers will be required to be present at mandatory training sessions and meetings and will be paid \$20/hour to attend these sessions.

Payments will be in cheque and will be issued up to twice a month. There will be no exceptions for early payments. Hours of work and/or expenses must be given to Peer Advisor by noon every Thursday.

The Backpack and Vending Machine Project is currently a Pilot Project, funded by the Public Health Agency of Canada for 2 years ending March 31st, 2021. No ongoing work is guaranteed.

Working Agreement

Read and **initial** each of these statements:

I agree to work as a Backpackers for the Saskatchewan Health Authority as per the attached job description.

I agree to be on time for scheduled shifts and meetings.

I agree to keep track of all harm reduction supply distribution and requests for referrals on the provided data collection sheet.

I agree to provide this data to the Peer Program Coordinators upon request.

I agree to attend all scheduled workshops/orientation with Peer Advisor and co-peers.

I will give 24 hours notice, whenever possible, to the Peer Advisor if I cannot make it to a shift including workshops, meetings, and scheduled shifts

If I miss a meeting or shift, I'll be responsible for following up with Program staff regarding the meeting agenda, resources to pick up etc.

I will give 2 weeks notice if I decide to no longer be available for Backpacker work, or if I am planning to not be available.

I will act in a respectful manner towards my co-workers, clients and staff at the Saskatchewan Health Authority and with partnering organizations.

I will uphold participant and staff confidentiality.

I will not provide legal or medical information that is outside the scope of the Peer Backpacker role and will refer the Peer to their Infectious Diseases Specialist.

I understand that breaking any of the above agreements may results in suspension or termination from Backpacker work.

Name (Please Print)

Signature

Date

Witness Name (Please Print)

Signature

Date