

## Sitter-Agency Contractual Agreement

I \_\_\_\_\_ have completed the Guardian Angels Sitting Service of Broward and Miami-Dade County LLC screening process on \_\_\_\_\_ (day of week), the \_\_\_\_\_ day of \_\_\_\_\_ (month) in the year \_\_\_\_\_.

I understand that I am an independent contractor, and that neither Guardian Angels Sitting Service of Broward and Miami-Dade County LLC nor their members/clients are considered my employer. \_\_\_\_\_

I understand this sitter contract does not constitute an Employment Agreement, that referrals are all in the discretion of the Agency, that the agency has no obligation to refer any jobs to me, and that this sitter contract may be terminated by the agency at any time for any or no reason at all \_\_\_\_\_.

I understand that I am responsible for reporting all income derived from jobs referred to me by Guardian Angels Sitting Service of Broward and Miami-Dade County LLC. \_\_\_\_\_

I understand that I am solely responsible for my actions, and agree to indemnify and forever hold Guardian Angels Sitting Service of Broward and Miami-Dade County LLC harmless for all damage, destruction, theft, or accident claims which may arise out of or in connection with the rendering of sitting services while working on jobs referred to me by Guardian Angels Sitting Service of Broward and Miami-Dade County LLC. \_\_\_\_\_

I understand that once I accept a job referred to me by Guardian Angels I am responsible for completing the job in its entirety and agree to provide the member's children with quality childcare. \_\_\_\_\_

Upon accepting a job referred to me by Guardian Angels Sitting Service of Broward and Miami-Dade County LLC., I agree to arrive fifteen minutes prior to the scheduled start time. \_\_\_\_\_

I will wear my Guardian Angels t-shirt that I purchased to each job assignment. If I lose or something happens to my t-shirt I am aware that I must purchase additional t-shirts. I will also take my Mary Poppins bag to each job filled with things to do for each child. \_\_\_\_\_

I understand that all timesheets must be returned to Guardian Angels Sitting Service of Broward and Miami-Dade County LLC., within 24 hours after the job and must be handed in or mailed in to the address provided. \_\_\_\_\_

Upon receiving a call for the agency to confirm a job request I must return the call within four (4) hours or I will either receive a warning or will be written up. Multiple write-ups will result in a poor monthly review and can ultimately cause Guardian Angels Sitting Service to discontinue referrals to me. \_\_\_\_\_

I understand that if I am late for a job the four-hour minimum can no longer be charged and that I am responsible for reimbursing Guardian Angels Sitting Service LLC, for the difference. I also understand that I must contact the agency and the member as soon as possible and inform them of the reason I am going to be late and of my anticipated arrival time. \_\_\_\_\_

I understand that if there is a family complaint for which the agency must or elects to, at its sole and exclusive discretion, waive any fees, that I will be responsible for paying back those fees to the agency. \_\_\_\_\_

I understand that if I don't show to a job that I agreed I could work Guardian Angels Sitting Service LLC will discontinue referrals to me. \_\_\_\_\_

I understand that I am responsible for any damage done to the property of the member or client while I am sitting for their children. \_\_\_\_\_

I agree to a drug screening by agency at random \_\_\_\_\_

I agree not to accept any childcare jobs or jobs referred to me by members, their friends, or anyone I meet directly or indirectly through jobs referred to me by Guardian Angels Sitting Service LLC at any time either during the pendency of my relationship with the Agency or for the two-year period after the termination of such relationship. I understand that all such jobs must be contracted and scheduled through Guardian Angels Sitting Service LLC., that by violating this contract I agree to pay Guardian Angels Sitting Service LLC \$1,000.00 as liquidated damages and that job referral to me will be discontinued. \_\_\_\_\_

Sitter Name: \_\_\_\_\_

Sitter Signature: \_\_\_\_\_ Date \_\_\_\_\_

Agency Signature \_\_\_\_\_

Date \_\_\_\_\_