

(name) CATHOLIC INDEPENDENT SCHOOL COUNCIL

This Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

BETWEEN: (name) Catholic Independent School Council  
(address)

AND: \_\_\_\_\_ (Name of Contractee)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City, Province)

Services for \_\_\_\_\_ (type of work) are required at  
\_\_\_\_\_

\_\_\_\_\_ (name of school) effective \_\_\_\_\_,  
20\_\_\_\_\_.

Follows: (check one) \_\_\_\_\_ daily until \_\_\_\_\_, 20\_\_\_\_  
\_\_\_\_\_ on-call as needed  
\_\_\_\_\_ project-based

For the sum of \$\_\_\_\_\_ per hour or \$\_\_\_\_\_ per month or \$\_\_\_\_\_ per project.  
This Agreement has been read and has been found acceptable by both parties.

(name) Catholic Independent  
School Council authorized signatory

(name) Catholic Independent  
School Council authorized signatory

\_\_\_\_\_  
COUNCIL DESIGNATE

\_\_\_\_\_  
PASTOR

SIGNED in the presence of Contractor:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Address

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
CONTRACTEE

ATTACHMENTS (office use only)

\_\_\_\_\_ Proof of insurance

\_\_\_\_\_ valid GST number (if charging GST); number \_\_\_\_\_

\_\_\_\_\_ valid WCB registration; number \_\_\_\_\_

\_\_\_\_\_ details of service requirements (describe in detail, if need be)

\_\_\_\_\_ Better Business Bureau member

NOTE: Check WCB website ([www.worksafebc.com](http://www.worksafebc.com)) and Revenue Canada website ([www.cra-arc.gc.ca/menu-e.html](http://www.cra-arc.gc.ca/menu-e.html)) to see if company is registered and up-to-date in their premium payments and that there is an adequate amount of insurance. Recommended insurance for liability is \$2,000,000 and for property and loss is the value of the building.