

On-Site Activity Provider Application

Start of Block: Default Question Block

Welcome!

Thank you for considering Dufferin-Peel Catholic District School Board (DPCDSB).

The information gathered through this form will help us consider your organization and activity offerings as potential suppliers for on-site activities for DPCDSB students, staff, and communities. Successful applicants will be considered as authorized On-Site Vendors with whom schools may arrange services for on-site events.

An **On-Site Activity Provider** is an organization or individual that may offer services for on-site events held at DPCDSB schools. On-Site Activity Provider applicants will be contacted as soon as possible. Only online submissions are accepted; no printed copies or emails.

DPCDSB staff review applications for On-Site Activity Providers when referred and requested by a Principal or other board employees. Submissions will be reviewed throughout the school year, as received. Please indicate the following:

☐ Name of **Principal/staff member requesting** the on-site services:

Please provide the following information.

☐ Name of provider _____

☐ Contact name _____

☐ Email address _____

☐ Telephone _____

☐ Address _____

☐ Website _____

Which of the following best describes the services offered by your organization? You may check as many as apply.

☐

Food services

☐

Physical activities (as listed in OPHEA Guidelines)

☐

Other (please specify): _____

Please list all services you can provide at the school or other DPCDSB site.

Please indicate all equipment that will be brought to the school or other DPCDSB site.

Confirm that all employees and volunteers who will be on DPCDSB school or other premises have a CBC-Vulnerable Sector Screening **issued within the past six months**. **Note that the CBC-Vulnerable Sector Screenings** must be provided to the school principal or other DPCDSB site official **prior** to arrival.

☐ I understand and confirm that all employees and volunteers from my organization have CBC-Vulnerable Sector Screenings, issued within the past six months, and will provide such screenings to the school principal or other DPCDSB official prior to arrival.

Please provide details regarding how you make your services accessible to persons with a disability at the school or DPCDSB site.

Please note that On-Site Activity Providers **must provide a minimum of \$2 million Commercial General Liability Insurance, with DPCDSB as additional named insured**. If this policy is cancelled, the new insurance must be provided to DPCDSB. A new policy will be provided on renewal or request.

Failure to provide proof of valid insurance will revoke your approval.

Please upload a copy of your Certificate of Insurance or Proof of Insurance here.

[*Upload File Here*](#)

Please upload any safety documents relevant to your activities (e.g., TSSA or inspections).

Note **only one file may be uploaded per box**. Merging PDF files into one file is acceptable for DPCDSB review, or up to three upload boxes have been provided for submission of documents if needed.

[*Upload File Here*](#)

Upload additional documentation as needed.

[Upload File Here](#)

Upload additional documentation as needed.

[Upload File Here](#)

Display this question:

If Which of the following best describes the services offered by your organization? You may check as... = Physical activities (as listed in OPHEA Guidelines)

Confirm that you are aware of and compliant with Ontario Physical Activity Safety Standards in Education (OPHEA Guidelines).

☐ I am aware and my organization is compliant with OPHEA Guidelines.

Display this question:

If Which of the following best describes the services offered by your organization? You may check as... = Physical activities (as listed in OPHEA Guidelines)

Please sign in the space below to confirm you are aware of and compliant with Ontario Physical Activity Safety Standards in Education (OPHEA Guidelines).

[Sign Here](#)

Please be advised that DPCDSB uses an internal elements of risk consent form and **does not permit the use of external risk waivers for staff or students.** I understand, agree, and confirm:

☐

No external risk waiver can be presented to staff, students, or parents and guardians for signature.

☐

Any waiver presented or signed will be deemed null and void.

☐

I have the authority to bind my organization.

Any other documents may be submitted for review using the upload boxes below. Note only one file may be uploaded per box. Merging PDF files into one file is acceptable for DPCDSB review, or up to three upload boxes have been provided for submission of documents if needed.

[*Upload File Here*](#)

Upload additional documentation as needed.

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[*Upload File Here*](#)

Please note: Providing this information in no way guarantees use of your services; however, not completing or providing this information does guarantee DPCDSB staff and schools will not be able to use your or your organization's services at the school or other DPCDSB sites.

To submit your application, please click **Next** below. To make changes, please click the Back button.

End of Block: Default Question Block
