

ENROLLMENT AUTHORIZATION
FOR CAREGIVER GATEWAY

I, _____ (Print Name), voluntarily authorize [EMPLOYER] to enroll me as a listed caregiver in the online information sharing system maintained by Caregiver Gateway at www.CaregiverGateway.org (“Caregiver Gateway Website”).

By authorizing my enrollment as a caregiver on the Caregiver Gateway Website, I understand and acknowledge the following:

- _____ The Caregiver Gateway Website is an online information sharing system where participating caregiving organizations and employers can review, rate, and provide feedback regarding the performance, conduct, and quality of services provided by individual caregivers. The Caregiver Gateway Website is intended to provide up-to-date information to participating caregiving organizations and employers that will allow them to pair enrolled caregivers with suitable job assignments. The benefit of my enrollment in the Caregiver Gateway Website is that it may make me known to potential employers who may contact and/or utilize enrolled caregivers for suitable caregiving job opportunities.

- _____ Participating caregiving organizations and employers will be able to rate, review, and provide feedback—whether positive, negative, or neutral—regarding my performance, conduct, and quality of services as a caregiver on the Caregiver Gateway Website. I may be rated and reviewed on a variety of performance-related issues, including but not limited to my attendance record, punctuality, conduct, and quality of care. Participating caregiving organizations and employers are barred by the Terms of Use of the Caregiver Gateway Website from posting, displaying, or publishing any content about me that is intentionally or recklessly false, inaccurate, or misleading and/or which makes any conclusions about the legality or illegality of my conduct.

- _____ I have had the opportunity to review the Terms of Use for participating caregiving organizations and employers, which can be found at www.CaregiverGateway.org.

- _____ I have not been required as a term and condition of my employment or continued employment with [EMPLOYER] to sign this Enrollment Authorization. I am voluntarily signing this Enrollment Authorization because of the potential personal benefit to me and my job opportunities of my enrollment as a caregiver to the Caregiver Gateway Website.

- _____ I UNDERSTAND AND ACKNOWLEDGE THAT CAREGIVER GATEWAY AND [EMPLOYER] ASSUME NO LIABILITY OR RESPONSIBILITY FOR ANY OF THE FOLLOWING: (A) ERRORS, MISTAKES, OR INACCURACIES OF CONTENT OR MATERIALS POSTED ABOUT ME ON THE CAREGIVER GATEWAY WEBSITE; (B) PERSONAL OR PROPERTY DAMAGES, INCLUDING INJURY TO REPUTATION AND/OR LOST EMPLOYMENT OR BUSINESS OPPORTUNITIES, RESULTING FROM THE POSTING, DISPLAYING, OR PUBLISHING OF ANY CONTENT ABOUT ME ON THE CAREGIVER GATEWAY WEBSITE; AND/OR (C) ANY ERRORS OR OMISSIONS IN ANY CONTENT AND MATERIALS ABOUT ME OR FOR ANY LOSS OR DAMAGE TO ME OF ANY KIND INCURRED AS A RESULT OF THE USE OF CONTENT POSTED, TRANSMITTED, OR OTHERWISE MADE AVAILABLE ABOUT ME ON THE CAREGIVER GATEWAY WEBSITE.

_____ I UNDERSTAND AND ACKNOWLEDGE THAT IN NO EVENT WILL THE DIRECTORS, EMPLOYEES, OR AGENTS OF EITHER CAREGIVER GATEWAY OR [EMPLOYER] BE LIABLE TO ME OR ANY THIRD PARTY FOR ANY DIRECT, INDIRECT, EXEMPLARY, INCIDENTAL, SPECIAL, OR PUNITIVE DAMAGES ARISING FROM MY VOLUNTARY ENROLLMENT ON THE CAREGIVER GATEWAY WEBSITE.

_____ I will remain enrolled on the Caregiver Gateway Website even after my employment with [EMPLOYER] has ended. I understand and agree that any participating caregiving organization or employer with whom I am subsequently employed may review, rate, and provide feedback regarding my performance, conduct, and quality of services.

_____ At any time, I have the right to obtain a complete copy of any content about me that has been posted, displayed, or published on the Caregiver Gateway Website about me by contacting Caregiver Gateway at info@caregivergateway.org. Caregiver Gateway will provide me with a complete copy of any content about me within ten (10) business days of its receipt of my request that it do so.

_____ At any time, I have the right to request that Caregiver Gateway review and/or remove any content about me that has been posted, displayed, or published on the Caregiver Gateway Website which I believe violates the Terms of Use for participating caregiving organizations and employers. Such request may be submitted to Caregiver Gateway at info@caregivergateway.org and Caregiver Gateway will investigate and resolve the request within ten (10) business days of receipt of the request.

_____ At any time, I have the right to revoke my authorization and have my profile on the Caregiver Gateway Website suspended or removed by contacting Caregiver Gateway at info@caregivergateway.org. I understand and acknowledge that, if I revoke my authorization and have my profile suspended or removed, I may not re-enroll on the Caregiver Gateway Website under a new name or new profile. If I authorize re-enrollment on the Caregiver Gateway Website, my prior profile will be reinstated.

Date: _____

Signature