



BEACON HILL  
VILLAGE

## PROVIDER INFORMATION and CONFIDENTIALITY AGREEMENT Individual Providers

Fill out as completely as you can and bring to interview on \_\_\_\_\_ along with:

- Photo ID (Driver's license or Passport)
- Any certificates or licenses that you hold for the services you offer
- Proof of Insurance

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Services: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website \_\_\_\_\_

Please tell us the QUICKEST way to reach you: \_\_\_\_\_

Services offered: \_\_\_\_\_

### PLEASE ATTACH A RESUME OR DESCRIPTION OF YOUR WORK HISTORY

License and/or Certification: \_\_\_\_\_

Liability Insurance: \_\_\_\_\_

Skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rates/fees: \_\_\_\_\_

Are you willing to offer BHV members a discount? \_\_\_\_\_



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**Please list at least THREE PROFESSIONAL references – No friends or family members MUST BE current or past clients, customers, supervisors, teachers, or co-workers.**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

How long has this person known you?: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

How long has this person known you?: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

How long has this person known you?: \_\_\_\_\_

Do you have subcontractors, partners and associates who provide services for your business? If yes, please list: \_\_\_\_\_

Do you personally know any Beacon Hill Village members? If yes, please list: \_\_\_\_\_

How did you hear about Beacon Hill Village? \_\_\_\_\_

Is there anything else we should know about you? \_\_\_\_\_

***The information I have included on this form is true and complete. I understand that I will NOT be an employee of BHV and that there is not guarantee that I will receive referrals.***

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date



## Confidentiality Agreement

Beacon Hill Village is an innovative nonprofit organization dedicated to enhancing the lives of its members.

We offer a variety of services and programs that enable our members to live healthy, meaningful lives in their own homes as they age.

For BHV, the member comes first, and we ensure this same excellent service through our providers.

Beacon Hill Village respects the confidentiality of any member interaction and provides providers to pledge this same ethic in serving BHV Members.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **For BHV Purposes:**

Recommended by: \_\_\_\_\_

Insurance: yes/no \_\_\_\_\_ Exp Date: \_\_\_\_\_ Bonded: yes/no \_\_\_\_\_ Exp Date: \_\_\_\_\_

CORI form included: \_\_\_\_\_ CORI Date: \_\_\_\_\_