

AGREEMENT FOR STUDENT PERSONAL CARE ATTENDANT (PCA) ACCESSING DARTMOUTH'S FACILITIES, PROGRAMS, AND/OR ACTIVITIES

I, _____ (PCA Full Name (Print)), understand that I am working with a student currently enrolled at Dartmouth College ("Dartmouth") for the sole purpose of providing Personal Care Attendant (PCA) services. As part of this role, I will be issued a Dartmouth Identification Card with the appropriate corresponding access privileges. In the event that I am no longer employed by the student, or the student is no longer enrolled by Dartmouth, I will surrender my Dartmouth Identification Card and any other keys or materials that I have been issued that are associated with Dartmouth immediately upon termination of my services.

I understand and agree that while I am providing PCA services in facilities that are owned or controlled by Dartmouth or during Dartmouth-sponsored programs or activities that I am required to behave professionally and respectfully and abide by Dartmouth [policies](#) and procedures.

I acknowledge and agree that:

- I will successfully pass all background checks and complete any requisite training prior to my arrival on campus. If I am arrested or convicted of a felony after the initial background check, I will notify Dartmouth immediately. I understand that the arrest or conviction may impact my ability to access Dartmouth.
- I must maintain any required certifications, licensure, and insurance, including any appropriate work permissions for work in the United States.
- I must meet all health vaccination requirements of Dartmouth.
- I will abide by all Dartmouth policies, regulations, and rules (including complying with Dartmouth's residential housing terms and conditions), as well as all applicable local, state, and federal laws. Failure to follow Dartmouth policies may result in my immediate removal from a Dartmouth activity or program, including prohibiting my presence on Dartmouth's campus. I will behave professionally and respectfully on campus.
- I will purchase a parking pass and park my car in the designated parking areas and will be responsible for all fines incurred.
- I am not permitted to have guests in Dartmouth's facilities or on campus at any time under any circumstances.
- I will access the student's residence hall only while the student is permitted to be on campus. I am not permitted to remain on campus while the student I am employed by is away or during official campus closures.
- I may participate in Dartmouth Dining plans; however, payment for the Dining Plan must be made by myself or the student I am employed by.
- I will not discuss confidential information about the student with anyone at Dartmouth without express written permission from the student or an authorized individual.
- I will always allow the student to represent themselves.
- I will refrain from communicating on behalf of the person with the disability unless the accommodation includes the PCA vocalizing on behalf of the person.

- I will not act as a surrogate, intermediary, or academic aid. If a PCA is needed during classroom time, the PCA shall remain available to the student for personal care needs only.
- I will not interpret, explain, direct, or engage in any academic action, or job requirement on behalf of the student with the disability.
- I will not enter the classroom of the student, unless provided express permission as part of my PCA duties.
- I will carry my Dartmouth ID with me while on campus.
- In the event of an emergency evacuation, I will assist the student with safely exiting the building, and seek immediate assistance from Dartmouth officials (i.e., the Department of Safety and Security) if assistance is needed to safely evacuate the student.

I understand that I am subject to actions that Dartmouth deems appropriate for failure to abide by Dartmouth policies (including removal from facilities owned or controlled by Dartmouth or its programs or activities, and loss of privileges), if I have not acted in accordance with the expectations above or have falsified information.

In addition, I acknowledge that my employment contract is between myself and the student and/or agency in which I work. I have no employment relationship or contract with Dartmouth. In exchange for and in consideration of Dartmouth inviting me into facilities that it owns and controls and to its programs and activities during the course of my employment by a Dartmouth student or a third-party agency, I agree to hold harmless and indemnify Dartmouth, its trustees, officers, agents, employees, and volunteers from any and all liability, actions, causes of action, negligence, debts, claims or demands of any kind and nature whatsoever that may arise by or in connection with my activities as a PCA.

I confirm that I have submitted the required background check, certifications, licensure, and insurance to the appropriate Dartmouth Disability/Accessibility Office. If I have questions about Dartmouth policies or procedures, I know that I can contact the [Office of Equal Opportunity, Accessibility, and Title IX](#).

Personal Care Attendant

Date

Dartmouth Authorized Signatory

Date

Acknowledged by:

Dartmouth Student

Date