



◆PERSONAL CARE ATTENDANT AGREEMENT & ID REQUEST ◆ STUDENT ACCESS SERVICES

PERSONAL CARE ATTENDANT NAME:
STUDENT NAME & ID NUMBER:

I, _____, understand that I am being issued a Marymount University
(PCA Full Name, PLEASE PRINT)

Identification Card for the sole purpose of my role as a Personal care Attendant, and that in the event I am no longer employed by this student, I will surrender my identification card and any keys that I have been issued to the Office of Student Access Services immediately upon termination of my employment.

I also understand that while I am on campus performing my duties as a personal care attendant I am required to conduct myself in a courteous and professional manner, in accordance with Marymount University policies and practices.

- I am responsible for adhering to Marymount University’s code of Conduct, as well as all other university policies.
- I must park my vehicle in designated and identified parking areas, and am responsible for the payment of all parking fees or fines incurred.
- I may participate in the university meal plan; the plan must be purchased by either the personal care attendant or the student/family.
- I will not be permitted to have guests in the university facilities nor on campus at any time or under any circumstances.
- I will not be permitted to remain on campus while the student is away from campus for visits or during official school closures; for example, holiday/semester breaks. The personal care attendant and student/family should create a plan for a school closure due to emergency or inclement weather when the student may remain on campus.

I understand that I may be subject to removal from the residence halls, expulsion from the university campus, loss of privileges or any other action the University considers appropriate in the event the University decides that I have acted in a manner inconsistent with above or if I have falsified any information on this agreement.

I also understand that my employment and services contract is between myself and the student/family and/or the agency for whom I work, and that I have no employment relationship or contract with Marymount University of any kind. In addition, I hereby release Marymount University from any and all claims or causes of action that could arise in connection with my work for the student/family and/or the agency for whom I work.

By signing this agreement, I confirm that I have submitted a copy of my Commonwealth of Virginia Department of Public Safety required background investigation conducted by my employing agency and/or I will be responsible for submitting the appropriate documentation to Marymount so they may conduct a State of Virginia Department of Public Safety required background investigation. I understand that I will also be responsible for paying the state application fee for the required background investigation. I am also certifying that I have received and read a copy of Marymount University’s Personal care Attendant Policy and that all information about me on this form is correct and true.

PCA Signature _____ Date _____

Address _____ Birth Date _____

Student Signature _____ Date _____

SAS Director Signature _____ Date _____