



## Oliver Healthcare Workers Housing Application Form

Please email this completed form to [mmartin@oliver.ca](mailto:mmartin@oliver.ca). If you have questions that are not answered by the Oliver Healthcare Housing Information document, please email above or call Megan Martin, Recreation Facilities Clerk for Town of Oliver at 250-498-4985 ext 603. **Please take a photo of your medical/work ID and attached it with this application.**

Applications are received and processed Monday to Friday, 8:30am to 4:30pm. Applications received outside these hours will be processed on a first come first served basis.

Application Information	
Guest Name:	Email:
Home Address:	City, Province and Postal Code:
Business Phone number:	Cell Phone:
<p>Do you confirm that you or a member of your immediate family occupying the Unit with you is one of the following:</p> <ul style="list-style-type: none"> <li>• A physician providing medical services in the South Okanagan during the dates you're requesting accommodation.</li> <li>• An employee in a health care facility in the South Okanagan.</li> <li>• An employee of the Interior Health Authority and is working in the South Okanagan during the dates you're requesting accommodation.</li> </ul> <p>YES                      NO</p>	
Emergency Contact Person:	Emergency Contact relationship:
Emergency Contact Cell Phone:	Emergency Contact Alternate Phone number (optional):
Housing Rental Information – if you're scheduled for shift work in Oliver/Osoyoos, please complete the fields below to book your stays during your rotations. If you're wanting to book more than 3 stays, please continue same format in your email or at the end of this form.	
First stay - Check in Date (after 4pm):	First Stay - Check out Date (by 11am):



Second Stay – Check in Date (after 4pm):	Second Stay – Check out Date (by 11am):
Third Stay – Check in Date (after 4pm):	Third Stay – Check out Date (by 11am):
Do you prefer a single bedroom or a whole unit? (*please note if you're bringing a dog, you must book a whole unit, and it must be Unit #2)	<div style="display: flex; justify-content: space-around;"> <span>Single Bedroom</span> <span>Whole Unit</span> </div>
How many Guests? _____Adults    _____ children	Will you be bringing a dog with you? <div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div> <b>**Requires approval and conditions apply**</b>

The information on this form, collected under the authority of the Freedom of Information and Protection of Privacy Act (Section 27) is used to record information about applicants and as a basis for determining qualification for Oliver Healthcare Housing rental. In the case of successful applicants, the Town of Oliver Recreation Department will retain this information. Should you have any questions about the collection and use of this information, please contact the Town of Oliver Recreation Department.

Signature:	Print Name:	Date:
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