**CARE For Change, Inc**

**3621 N. Kelley Ave., Suite 100**

**Oklahoma City, OK 73111**

**Office: (405) 524-5525 Fax: (405) 524-5528**

**A Community Based Non-Profit Organization**

**Contractor Agreement**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the agency's policy and procedure manual.

I understand by signing this statement, I am agreeing to abide by the standards established in the policy and procedure manual, and I agree to perform the job duties as stated in my job description.

I also understand that failure to abide by agency policies, procedures, and job expectations can result in disciplinary action up to and possibly including my termination with Care For Change, Inc.

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Contractor Signature Date