

Monterey Bay Providers' Network
Employment Registry
Participant Agreement

I _____ am requesting to be enrolled in the Monterey Bay Providers' Network (MPBN) employment registry. I understand that the MBPN is an informal coalition of providers serving people with disabilities, and that these providers are entirely separate entities from each other and from the MBPN as a whole. I recognize that the MBPN and its individual members have no control over another member's employment processes, and that the MPBN does not verify or endorse any member or its practices. I understand that responsibility pertaining to an individual member's (agency's) employment practices and its compliance with state and federal labor regulations lies solely with that agency, and I agree to hold MBPN and all other members with which I am not specifically employed harmless in any issues that arise pertaining to employment obtained through this registry. I understand that enrollment with the MBPN employment registry does not guarantee me any hours of employment. I also understand that my participation in the registry is entirely voluntary, and that MBPN provides the registry as a courtesy, with the sole intent of connecting participants with potential employment.

By signing below, I affirm the above, I attest to my desire to participate in the MBPN employment registry, and I agree to hold the MBPN and its members with which I am not specifically employed harmless in any employment disputes that may arise from my participation in the MBPN employment registry.

X: _____

Date: _____