



COMMUNITY ETHICS NETWORK

c/o PACE Independent Independent Living
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LETTER OF UNDERSTANDING -INDEPENDENT INDIVIDUAL MEMBERS

As an Independent Individual Member of the Community Ethics Network [hereby known as "the Network"], you are neither employed by nor significantly contracted with an organization which is eligible to be a Network member itself (see organizational membership criteria). As an independent individual member, you are expected to be part of the Network for the purposes of your own personal ethics-related interests and work¹. As an independent individual member, you agree to the following Network expectations:

1. To agree to support and abide by the [Code of Ethics for the Community Health and Support Sector](#).
2. To agree with the terms stated in the Network's [Terms of Reference](#).
3. To agree with the terms stated in the Network's [Terms of Website Use](#).
4. To promote the development and use of a plan and/or strategy fostering ethical practice within your work and/or those whose work you support, which may include the following, as appropriate:
 - a. An ethics framework, including an ethics decision-making and review process, that assists in identifying and dealing with ethical issues (e.g. the Community Ethics Toolkit, or an adaptation thereof, appropriately credited).
 - b. A process to conduct client care ethics reviews yourself or with others, where services are provided to clients.
 - c. Other responsibilities may include:
 - i. Participating in the All Members meeting (usually annually).
 - ii. Contributing to other Network initiatives as your resources allow – e.g. Steering Committee, Strategic Planning, Working Groups, Workshop planning.
 - iii. Engaging in training and education related to ethics as per your needs and availability. Being responsible for keeping yourself informed of the activities of the Network.
 - iv. Where applicable, sharing de-identified client care ethics reviews from time to time with the Network to be included in the archive of sample ethical deliberation available to all members.
 - d. The fee will be \$50.00 (fifty dollars) annually.

Name of Individual: _____ Profession: _____

Address: _____ Postal Code: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

Please return the form to Suzanne Brunelle at coordinator@communityethicsnetwork.ca
Annual membership payment: Cheque payable to Community Ethics Network or
Interac e-Transfer to cen.ethics@gmail.com (instructions included on the invoice)

¹ For further clarity, if any organizations with whom you are working wish to make use of the Network resources would be expected to join the Network in their own right and pay appropriate fees.