



11 Owen Avenue
Lansdowne, Pennsylvania 19050
Office: 610-553-5479
Fax: 610-553-5482
Email: info@theppf.org
www.PettawayPursuitFoundation.Org

Doulas' Independent Contractor Agreement

I, _____ is an Existing or New Doula of Pettaway Pursuit Foundation (PPF), agree to provide Prenatal, Birth, or Postpartum Doula or Locator Services for PPF's Doula By My Side Program exclusively for their members,

I am aware that PPF does not provide Professional Liability or Worker Compensation Insurances for the Doula. I am responsible to carry my own insurance and will provide a an up to date copy to PPF annually.

I am aware that PPF does not provide payment for un-employment to the Doula at any time.

I have also agreed to the Background Check provided by PPF at the cost of \$25 which is enclosed.

I have completed and attached a W-9 form and will submit weekly invoices to PPF for services rendered to their members.

I have agreed to attend at least 9 out of 12 Quality & Control monthly meeting.

The Doula job responsibilities are defined by PPF and its Board of Directors.

If the terms of this contract are violated in any way, PPF has the right to terminate the Independent Contractor agreement. All terminations must be in writing.

Pettaway Pursuit Foundation (PPF), Theresa Pettaway owns the full rights to this Doula Program "Doula By My Side" and all of its phases. PPF Requires this program not to be sold, shared, copied, or duplicated in any way without written permission from its owner. I agree and affirm that I have read these requirements.

Signature of Candidate: _____

Signature of PPF Representative: _____

Date: _____