



11 Owen Avenue  
Lansdowne, Pennsylvania 19050  
Office: 610-553-5479  
Fax: 610-553-5482  
Email: [info@theppf.org](mailto:info@theppf.org)  
[www.PettawayPursuitFoundation.Org](http://www.PettawayPursuitFoundation.Org)

## Independent Contractor Agreement 2021

I, \_\_\_\_\_, am an Existing or New Doula or CLC of Pettaway Pursuit Foundation (PPF), agrees to the following terms and conditions by providing my initials and signature:

\_\_\_\_\_ I agree to provide Prenatal, Birth, Postpartum, and/or Lactation 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 and/or CLC. I agree to carry my own insurance and will provide a copy to PPF annually.

\_\_\_\_\_ I agree to complete and sign the Sole Proprietor’s Voluntary Election Coverage annually.

\_\_\_\_\_ I am aware that I need to keep my certifications and trainings up to date.

\_\_\_\_\_ I am aware that PPF does not provide payment for unemployment to the Doula and/or CLC at any time.

\_\_\_\_\_ I agree to the Background Check provided by PPF at the cost of \$25. (For New Independent Contractor only)

\_\_\_\_\_ I agree to complete and renew the W-9 form yearly. I agree to submit weekly invoices to PPF for services rendered to their members.

\_\_\_\_\_ I agree to attend at least 9 out of 12 Quality & Control monthly meeting.

\_\_\_\_\_ The Doula/CLC job responsibilities are defined by PPF, its Board of Directors, and the Insurance companies.

\_\_\_\_\_ I agree to complete all services for my members or coordinate warm transfer with the Program Manager and Lead Doulas, if I decide to leave PPF.

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 and understand these requirements.

Signature of Independent Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of PPF Representative: \_\_\_\_\_ Date: \_\_\_\_\_