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## VOLUNTEER POLICY

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### 1. PURPOSE

The Corporation of the Municipality of Mississippi Mills values and encourages the involvement of volunteers within all appropriate programs, activities and services.

Including volunteers in Municipal activities is beneficial to both the Municipality and to the individuals involved. Benefits are derived from the inclusion of citizens in the planning and delivering of services to the Municipality and its citizens.

Individual volunteers benefit from the opportunity to gain new experiences from the training they receive from Municipal staff, as well as from the satisfaction derived from sharing their skills with others. The Municipality wants to provide its citizens with a variety of services that support and enhance a vibrant community.

The purpose of this policy is to establish volunteer management policies and procedures that enhance program delivery while protecting community members, volunteers and the Municipality from harm.

### 2. DEFINITIONS

- a. **Emergency Volunteer:** A volunteer engaged by the Municipal Emergency Control Group.
- b. **Municipality:** The Municipality of Mississippi Mills.
- c. **Municipal Staff:** Individuals who perform paid work on behalf of the Municipality.
- d. **Program Administrator:** An employee within the department responsible for the Volunteer who is responsible for the organization and administration of the volunteer placement.
- e. **Volunteer Coordinator:** An employee within the department responsible for the Volunteer who is responsible for the training of volunteers. The employee may be present during the volunteer placement to coordinate volunteer activity.
- f. **Volunteer Captain:** A volunteer who will act as primary contact between the Municipality and a group of volunteers. The volunteer captain will be the supervisor of the volunteers within his/her group.
- g. **Volunteer:** Any person who gives freely of their time, energy and skills for public benefit, without monetary compensation or the expectation of financial compensation.
- h. **Volunteer Placement:** A volunteer placement is designed for volunteer(s) within a respective department to fulfill predetermined duties defined in the Volunteer Terms of Reference and section 4 of this policy.

### 3. SCOPE

This policy shall apply to all persons who volunteer in any capacity with the Municipality of Mississippi Mills and all employees who recruit, oversee, supervise and/or work with volunteers. The policy shall apply to activities on public properties. This policy does not apply to emergency volunteers, volunteer firefighters or educational placements.

Volunteering for the Municipality of Mississippi Mills provides an opportunity for members of the public to contribute to the community. Volunteers can be used for many purposes including recreational, cultural, environmental, social, community services and various civic activities.

Volunteers will not be used to:

- Replace or take away paid work from employees.
- Backfill existing employee positions (vacancies, leaves) except in a declared emergency under the Emergency Response Plan.
- Offset or supplement workload pressures or activities that would typically be conducted by a paid employee except in a declared emergency under the Emergency Response Plan.

All Volunteers under the age of 80 performing duties on behalf of the Corporation are insured in accordance with the Corporation of Mississippi Mills General Liability Insurance Policy.

A volunteer is only volunteering, and therefore covered by Municipal insurance, after they have reported to the Volunteer Captain or Volunteer Coordinator on the day they are scheduled to volunteer. Once the scheduled volunteer time is concluded, they cease to be a Volunteer.

Volunteers shall not be permitted to operate Municipal Vehicles unless authorized by the CAO.

### 4. RESPONSIBILITY

#### a. The Chief Administrative Officer (CAO):

- Develop and maintain the volunteer policy and procedures and guidelines
- Communicate the policy and procedures to Municipal employees.
- Provide advice and guidance to volunteer program administrators and supervisors of volunteers, as required.
- Ensure corporate policies, health and safety guidelines, and human resources related information and guidance is readily available to program administrators and Volunteer Coordinators.
- Develop applicable forms, templates and tools for the effective administration of the volunteer program

#### b. Municipal Employees:

It is expected that the department responsible for the recruitment of the volunteers shall:

- Provide thorough orientation and training, including health and safety training and any other necessary tools to prepare volunteers for a successful placement experience.
- Provide necessary equipment, tools, technology as required for the volunteer placement.
- Ensure that all necessary forms and documentation is completed prior to commencement of the placement (i.e. sign-off on training acknowledgement forms, waiver, volunteer contract, and determine if Police Record Check including Vulnerable Sector Screening is required).
- Verify the understanding of the scope of the position with the volunteer.
- Manage, support and coordinate volunteers and their activities related to the service or program being provided.
- Treat volunteers as respected members of the work team in accordance with the Employee Code of Conduct, Respect in the Workplace, Violence & Harassment in the workplace policies.
- Provide guidance, direction and support through a volunteer coordinator who acts as a supervisor of the volunteer.
- Provide recognition and show appreciation for the contributions of volunteers on an on-going basis where possible.
- Accommodate accessibility needs as required.
- Maintain accurate records of volunteer information including the number of hours completed and rendered, if applicable.

**c. Volunteers:**

- Adhere to applicable Municipal rules, policies, procedures, regulations and standards and comply with all directions issued by the Volunteer Coordinator and supervisor.
- Be prompt and reliable in reporting for duty; notifying the immediate supervisor as early as possible if unable to report as scheduled.
- Attend orientation and training sessions as provided.
- Consult with assigned supervisor before undertaking any new responsibilities.
- Maintain the confidentiality of any information that is accessed, exchanged or conveyed during the duration of the placement
- Wear attire or assigned PPE appropriate for safety and public perception while volunteering.
- Provide a Police Record Check (including Vulnerable Sector Screening) as required.
- Sign a completed Volunteer Contract.
- Sign a Volunteer Waiver.
- Complete all applicable forms and documentation prior to commencement of the placement.
- Comply with all injury reporting requirements of the Municipality

**d. Volunteer Captain:**

In addition to the volunteer responsibilities outline in section “c. *Volunteers*”, the Volunteer Captain shall:

- Be the primary point of contact between the Municipality and the Volunteer Group.
- Obtain a Police Vulnerable Sector Check.
- Supervise the volunteers in his/her volunteer group.
- Organize and communicate when the volunteer group will be providing their service to the Municipality.
- Ensure a first aid kit is available to all volunteers.
- Maintain accurate records of volunteer information including the number of hours completed and rendered, if applicable.
- Be provided with his/her groups volunteered medical information and be aware of any potential risk within their volunteer group. The Volunteer Captain shall maintain the medical forms in a binder on site when volunteering.
- Perform any additional tasks identified in the Terms & Conditions of the contract.

**5. ADHERENCE TO CORPORATE POLICIES**

Volunteers must abide by applicable Municipal policies and procedures including, but not limited to: Code of Conduct, Respectful Workplace Policy, Violence/Harassment in the Workplace Policies, Mississippi Mills’ Accessibility Policy, Health and Safety Policy, Social Media Policy. Volunteers must also complete Site-Specific safety training provided by the Municipality.

**Reference Documents:**

- Volunteer Handbook
- Volunteer Application Form
- Volunteer Waiver
- Volunteer Contract

**Corporate Policies:**

- Employee Code of Conduct
- Health & Safety Policy
- Respect in the Workplace Policy
- Violence in the Workplace Policy
- Harassment in the Workplace Policy
- Accessible Customer Service Policy
- Social Media Policy

**6. RECORDS MANAGEMENT AND RETENTION**

Documents and records generated as a result of this policy will be maintained in accordance with the Municipality’s Records Retention By-law.

## **7. COMPLIANCE**

Failure to comply with this policy may result in discipline up to and including dismissal.



# VOLUNTEER APPLICATION

Thank you for your interest in volunteering for the Municipality of Mississippi Mills. Volunteers are key contributors to maintaining a healthy and vibrant community for present and future generations. Please provide us with the information below. If you are selected for the volunteer position, a municipal employee will contact you to provide additional information.

| VOLUNTEER INFORMATION  |   |                          |                          |                          |
|--|---|--------------------------|--------------------------|--------------------------|
| Name (Print):  |   |                          |                          |                          |
| Address:   |   |                          |                          |                          |
| Phone Number   |   | Phone Number (Other)     |                          |                          |
| E-mail Address:  |   |                          |                          |                          |
| Date of Birth dd/mm/yyyy:  |   |                          |                          |                          |
| Volunteer Position:  |   |                          |                          |                          |
| Emergency Contact:   |   | Emergency Contact Phone: |                          |                          |
| VOLUNTEER EXPERIENCE & CERTIFICATIONS  |   |                          | YES                      | NO                       |
| Do you have a current Standard First Aid and CPR-C Certificate?  |   |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you AED (Automated External Defibrillator) Trained?  |   |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you volunteered or applied to volunteer for Mississippi Mills in the past? <i>If yes, please describe:</i>                                      |   |                          | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                          |                          |                          |
| Do you have any additional certifications, qualifications or related experience that could be applied to a volunteer position with the Municipality? |   |                          | <input type="checkbox"/> | <input type="checkbox"/> |
|  |   |                          |                          |                          |
| Acknowledgement of Volunteer Responsibilities:   |   |                          |                          |                          |
| <b>This section must be completed by the volunteer or by a Parent of Legal Guardian if the Volunteer is under the age of 18.</b>                     |   |                          |                          |                          |
| <input type="checkbox"/>   | I understand that potential volunteers may be required to undergo a screening process which could include an interview and reference check  |                          |                          |                          |
| <input type="checkbox"/>   | I understand that mandatory training sessions may take place prior to volunteer position commencement.  |                          |                          |                          |
| <input type="checkbox"/>   | I understand that upon acceptance of a volunteer position, I may be required to obtain a Police Vulnerable Sector Check (over 18) or a Police Information Check (under 18) at my own expense prior to volunteering. |                          |                          |                          |
| <input type="checkbox"/>   | I hereby certify that the information provided is correct, and any false statements made on this application will result in immediate termination of my volunteer position.   |                          |                          |                          |
| <input type="checkbox"/>   | I understand that the Corporation can refuse assistance of an individual to volunteer or to end a current volunteer opportunity. The Corporation is not required to provide reasons or rationale for these actions. |                          |                          |                          |

**Personal information contained on this form is collected in pursuant to the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and will be used for the purpose of responding to your request. Questions about the collection of this information should be directed to the Municipal Clerk.**



# VOLUNTEER CONTRACT

| VOLUNTEER INFORMATION |  |
|-----------------------|--|
| Name (Print):         |  |
| Address:              |  |
| Telephone number(s):  |  |
| E-mail Address:       |  |
| Age:                  |  |
| Volunteer Position:   |  |

The following is an acknowledgement by you, the volunteer, and the Municipality of Mississippi Mills:

| As a volunteer in Mississippi Mills  | Initials |
|--|----------|
| I will follow the roles and responsibilities as outlined in my position description  |          |
| I will volunteer for the minimum volunteer commitment as outlined in my position description   |          |
| I will provide a criminal record check, if required by the Program/Event coordinator   |          |
| I will complete the mandatory training prior to engaging in volunteer activity   |          |
| I will maintain a high commitment to my personal health and safety and that of fellow volunteers, staff and patrons. I will immediately report any incidents, concerns and/or accidents to my supervisor |          |
| I will sign in and out during every shift and accurately record my volunteer hours if required by my Supervisor  |          |
| I will behave in accordance with the Municipality of Mississippi Mills Code of Conduct   |          |
| I will be respectful to staff, patrons, and fellow volunteers at all time  |          |
| I will be reliable, prompt and notify my Supervisor if I am unable to complete my scheduled shift  |          |
| I will be receptive to constructive feedback from my Supervisor  |          |
| I will not receive monetary compensation for my volunteer services or time   |          |
| I will not be considered an employee of the Municipality of Mississippi Mills  |          |

**Additional information from the Municipality:**

1. We will provide written information, training and support to you as a Volunteer.
2. We will ensure adequate supervision is in place and provide constructive feedback on volunteer performance.
3. We will respect the skills, dignity, and individual needs of the Volunteer, and adjust to accommodate individual requirements whenever possible.
4. We will be receptive to feedback from you as a Volunteer regarding ways in which we might improve our service and mutually accomplish our respective tasks.
5. We will maintain our commitment to the health and safety of all volunteers, staff and patrons and conduct ourselves accordingly.
6. Personal information contained on this form is collected in pursuant to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

|                 |            |       |
|-----------------|------------|-------|
| Volunteer:      | Signature: | Date: |
| Municipal Rep.: | Signature: | Date: |



# VOLUNTEER CONTRACT

**\*\*PAGE 2 SHALL BE COMPLETED BY PROGRAM/EVENT ADMINISTRATOR\*\***

| Required Training for Volunteers  | Required (Yes/No) | Document Sent to Volunteer |
|---|-------------------|----------------------------|
| Volunteer Handbook.   |                   | <input type="checkbox"/>   |
| Ministry of Labour Health & Safety Awareness  |                   | <input type="checkbox"/>   |
| Employee Code of Conduct  |                   | <input type="checkbox"/>   |
| Respect in the Workplace Policy   |                   | <input type="checkbox"/>   |
| Violence in the Workplace Policy  |                   | <input type="checkbox"/>   |
| Harassment in the Workplace Policy  |                   | <input type="checkbox"/>   |
| Accessible Customer Service Policy  |                   | <input type="checkbox"/>   |
| Health & Safety Policy  |                   | <input type="checkbox"/>   |
| Social Media Policy   |                   | <input type="checkbox"/>   |
| Emergency Medical Information   |                   | <input type="checkbox"/>   |
| WHMIS Training  |                   | <input type="checkbox"/>   |
| <b>SITE SPECIFIC:</b>   |                   |                            |
| - First Aid: Location of Stations, names of First Aiders  |                   | <input type="checkbox"/>   |
| - Fire Safety & Evacuation Plans  |                   | <input type="checkbox"/>   |
| - Site Specific Hazards (i.e. contaminated sandbags, heat/cold exposure, exposure to compressed gases, Location of Trip/Slip/Fall hazards, proper techniques to prevent MSDs, etc.) |                   | <input type="checkbox"/>   |
| <b>POLICE VULNERABLE SECTOR CHECK/POLICE INFORMATION CHECK</b>  |                   | <input type="checkbox"/>   |

## TRAINER INFORMATION

|                                      |  |
|--------------------------------------|--|
| Name (Print):                        |  |
| Date of Completed Volunteer Training |  |
| Signature:                           |  |
| Date:                                |  |





# VOLUNTEER EMERGENCY MEDICAL INFORMATION

**This form is voluntary and assists healthcare providers take care of you as efficiently as possible in the event of an emergency. We urge you to include information of at least one person whom emergency personnel can reach on your behalf, as well as any medical conditions and/or allergies that would be beneficial for emergency personnel to know.**

| VOLUNTEER INFORMATION   |  |                            |  |
|---|--|----------------------------|--|
| Name (Print):   |  |                            |  |
| Address:  |  |                            |  |
| Phone Number  |  | Cell Number (Other)        |  |
| E-mail Address:   |  |                            |  |
| EMERGENCY CONTACT(S)  |  |                            |  |
| CONTACT #1  |  |                            |  |
| Name (Print):   |  | Relationship to Volunteer: |  |
| Phone Number:   |  | Cell/Alternate Number      |  |
|   |  |                            |  |
| CONTACT #2  |  |                            |  |
| Name (Print):   |  | Relationship to Volunteer: |  |
| Phone Number:   |  | Cell/Alternate Number      |  |
| MEDICAL INFORMATION   |  |                            |  |
| Do you have known medical conditions that could be impacted by this volunteer activity/work? Please Specify |  |                            |  |
|   |  |                            |  |
|   |  |                            |  |
|   |  |                            |  |
| Do you have known Allergies? Please Specify:  |  |                            |  |
|   |  |                            |  |
|   |  |                            |  |
|   |  |                            |  |

Personal information contained on this form is collected in pursuant to the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and will be used for the purpose of responding to your Volunteer Application. Questions about the collection of this information should be directed to the Municipal Clerk.



# VOLUNTEER WAIVER

All volunteers must complete and sign the Volunteer Service Waiver prior to volunteering for the Municipality of Mississippi Mills.

| VOLUNTEER INFORMATION |  |
|-----------------------|--|
| Name (Print):         |  |
| Volunteer Position:   |  |

I acknowledge having read the terms and conditions of the volunteer position and I understand and agree to abide by these terms and conditions and to work safely in accordance with the safety training and/or safety materials provided to me.

I understand that my participation as a volunteer does not make me an employee, agent, or contractor of or for the Corporation of the Municipality of Mississippi Mills (“Municipality”). Although I am covered by the Municipality’s General Liability Insurance, I understand that the Municipality will not assume any responsibility for any personal injury or material losses, damages, claims, liabilities, or suits whatsoever arising from my participation as a volunteer for the Municipality.

I understand that participation as a volunteer requires the exercise of due care to avoid risks that could result in injury, death or loss or damage to person or property. I acknowledge the inherent risks involved with the volunteer position, which activities I am being allowed to undertake freely on my own volition, without pay or compensation of any kind and without any liability of any nature on behalf of the Municipality. I understand that all services I perform during my volunteer service are undertaken at my own risk.

I, for myself, my heirs, executors, administrators, successors, assigns, agents, or anyone else who may claim on my behalf, hereby release and agree to defend, indemnify and hold harmless the Municipality, its elected officials, officers, employees, agents, or anyone acting on behalf of the Municipality, from and against any and all losses, liabilities, damages, injuries, actions, causes of action, claims, demands, costs and expenses of every kind and nature whatsoever arising from my participation in the volunteer program including but not limited to liability for personal injury, sickness, disease, death, damage to property or loss of any kind and however caused, whether foreseen or unforeseen and whether arising out of or allegedly attributable to the negligence, acts, errors, omissions, misfeasance, nonfeasance, fraud or willful misconduct of the Municipality, its elected officials, officers, employees, agents, or anyone acting on behalf of the Municipality, or any of them, in connection with or in any way related to the volunteer program.

I confirm that I have been advised to obtain independent legal advice prior to signing this Volunteer Service Waiver.

| <b>*If Volunteer is under the age of 18, this Waiver must be signed by a parent or guardian.</b> |  |       |
|--|--|-------|
| Volunteer Signature:   |  | Date: |
| Parent/Guardian Signature: *   |  | Date: |
| Witness:   |  | Date: |