



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:



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****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"/>
SITE SPECIFIC:		
- 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"/>
POLICE VULNERABLE SECTOR CHECK/POLICE INFORMATION CHECK		<input type="checkbox"/>

TRAINER INFORMATION	
Name (Print):	
Date of Completed Volunteer Training	
Signature:	
Date:	