

## Incoming Volunteer Information

ALL parties involved with the Nutrition for Learning Program are considered Nutrition for Learning Volunteers and MUST receive and complete this form., including school staff.

**Date:** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nutrition Program Site Name (school) : \_\_\_\_\_

**Original Volunteer Start Date (MM\*/DD/YYYY\*):** \_\_\_\_\_

### *Address*

Apt./Unit Number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### *Contact Information*

Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Affiliation (please circle)**

Community Volunteer                      School Staff                      Student \_\_\_\_\_  
*(Which School)*

Corporate Volunteer \_\_\_\_\_  
*(Which Company)*

### **Training**

First Aid:    YES                      NO

If yes, what is the expiry date: \_\_\_\_\_

Safe Food Handling:    YES                      NO

If yes, what is the expiry date: \_\_\_\_\_

Police Record Check: YES                      NO

Please note that this is required when volunteering within a Student Nutrition Program.

### **Emergency Contact Information**

Contact First Name: \_\_\_\_\_ Contact Last Name: \_\_\_\_\_

Relation to Volunteer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## COVID-19 Release

At Nutrition for Learning the health and safety of our staff, volunteers and community participants is our top priority. As a result of COVID-19 we are following the recommendations of the Public Health Agency of Canada and our Region and the World Health Organization.

If you or your family have been impacted by a case of COVID-19, it is mandatory that you report this information to us immediately.

Please avoid volunteer activities with us if you have travelled to an affected area or have been exposed to a case of COVID-19 within the last 14 days.

Please avoid volunteer activities with us if you are sick. If you develop **fever, cough or difficulty breathing**, please call your health care provider or local public health authority.

To protect those around you, wash your hands often, cover your mouth and nose when coughing or sneezing.

I have read and understand the above volunteer protocol.

I hereby release Nutrition for Learning, its staff, Board members and Directors from any and all liability and/or responsibility for any accidents, injuries or illness that I may sustain while I am performing the duties of a volunteer. I understand that as a volunteer I am not covered under Workers Compensation.

Volunteer Name: \_\_\_\_\_

Volunteer Signature; \_\_\_\_\_

Date: \_\_\_\_\_