

## Volunteer File Package

Welcome to volunteering at the University of Guelph’s Child Care and Learning Centre. We are excited to have you join our Centre and look forward to working with you. Prior to starting your volunteer placement please ensure that you have the following information ready for your file.

File Contents	Collected
Completed “Staff/Student/Volunteer Health History Form”	
Completed “Pre-Employment Immunization Form for Childcare Staff” Ensure that you have the following immunizations complete: <ul style="list-style-type: none"> <li>• One adult dose of Tdap and a dose of Td current within the last 10 years</li> <li>• Two doses of MMR, except if born before 1970</li> </ul>	
Copy of your Immunization Records	
Vulnerable Sector Police Check A VSPC can be obtained from your local police station and must be less than 5 years old. We will take a true copy of the original to keep in your file.	
Completed “Notice with Respect to the Collection of Personal Information”	
Completed Worker Health & Safety Awareness Training Certificate Can be completed through the following link: <a href="https://www.labour.gov.on.ca/english/hs/elearn/worker/index.php">https://www.labour.gov.on.ca/english/hs/elearn/worker/index.php</a>	
Completed “Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity”	

You will also need to complete a current Policy Review, including signing off on all current Individual Anaphylaxis Plans prior to starting your volunteer placement.



## STAFF/STUDENT/VOLUNTEER HEALTH HISTORY FORM

The Child Care and Early Years Act (2014), Staff Qualifications - Health assessments and immunization of staff; Section 57 states that: 57. (1) Every licensee of a child care centre shall ensure that, before commencing employment, each person employed in each child care centre it operates has a health assessment and immunization as recommended by the local medical officer of health. (2) Every licensee of a home child care agency shall ensure that, before any child is provided with home child care, each home child care provider at a premises at which the licensee oversees the provision of home child care and each person who is ordinarily a resident of the premises or regularly at the premises has a health assessment and immunization as recommended by the local medical officer of health. (3) Subsections (1) and (2) do not apply where the person, or where the person is a child, a parent of the person, objects in writing to the immunization on the ground that the immunization conflicts with the sincerely held convictions of the person or parent based on the person's or parent's religion or conscience or a legally qualified medical practitioner gives medical reasons in writing to the licensee as to why the person should not be immunized.

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Campus Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Health Assessment: \_\_\_\_\_

In case of an emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

A. Do you have any health conditions which could require special attention? Yes No

If yes, please explain: \_\_\_\_\_

B. Allergies: (medication, food, environmental etc.): \_\_\_\_\_

C. To the best of my knowledge, I am in good general health and fully able as a staff member, student or volunteer to participate in the Child Care agency named above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Pre-Employment Immunization Form for Childcare Staff

All information on this form is collected and retained by employer. Please attach a copy of your immunization record.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Childcare: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

## Required Immunizations

1) Tetanus, Diphtheria, Pertussis (Tdap) - *one adult dose followed by Tetanus, Diphtheria (Td) every 10 years*

Date (Tdap): \_\_\_\_\_ Date (Td): \_\_\_\_\_

2) Measles, Mumps, and Rubella (MMR) - *two doses required if born in 1970 or later. Adults born before 1970 can be considered immune.*

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

**OR**

Laboratory evidence of immunity to Measles, Mumps, and Rubella (bloodwork)

Laboratory evidence of immunity attached

## Recommended Immunizations

1) Varicella (chickenpox) – *two doses OR laboratory evidence of immunity (bloodwork)*

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

Laboratory evidence of immunity attached

2) Hepatitis B – *two\* or three dose series OR laboratory evidence of immunity (bloodwork)*

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

Laboratory evidence of immunity attached

3) Hepatitis A - *two or three\*\* dose series*

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

4) Pneumococcal Conjugate – *one dose if over 50 years of age*

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

5) Influenza (flu shot) - *annually*

## Additional Recommendations for Women of Childbearing Age

Laboratory evidence of immunity to:

- |   |   |
|---|---|
| <input type="checkbox"/> Cytomegalovirus (CMV)    | <input type="checkbox"/> Parvovirus B19 (Fifth disease) |
| <input type="checkbox"/> Rubella (German measles) | <input type="checkbox"/> Varicella (chickenpox)         |

## Exemption from Immunization: *attach written statement of exemption*

- |  |             |
|--|-------------|
| <input type="checkbox"/> Medical Exemption                           | Date: _____ |
| <input type="checkbox"/> Statement of Conscience or Religious Belief | Date: _____ |

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please note childcare staff may have received a two (2) dose series of Hepatitis B vaccine as part of a voluntary immunization program in school in Ontario.*

*\*\* Three dose series if given as a combined hepatitis A/B vaccine.*



**Notice with Respect to the Collection of Personal Information  
(Freedom of Information and Protection of Privacy Act)**

**Each staff, student and volunteer in a licensed child care centre or person employed by / associated with a licensed home child care agency must complete this form.**

In administering and enforcing the *Child Care and Early Years Act, 2014* (CCEYA), Ministry of Education inspectors, program advisors and the director under the CCEYA may collect and review personal information about staff employed by a licensed child care centre or employed by or associated with a licensed home child care agency under the authority of s. 30, 31, 67(1) and 69(1) of the CCEYA and s. 53, 54, 55, 56 and 57 of O. Reg. 137/15 under the CCEYA to ensure that the licensed child care centre or home child care agency is complying with the CCEYA and O. Reg. 137/15.

This form is required to be kept for the ministry's review at the child care centre where you are employed or the head office of the home child care agency.

Your personal information may be provided by your employer in connection with an application for approval of a Supervisor, a person to take the place of a Registered Early Childhood Educator or approval of a Home Child Care Visitor, if applicable.

Information collected in the licensing process about Registered Early Childhood Educators may be shared with the College of Early Childhood Educators if necessary for the enforcement of the *Early Childhood Educators Act, 2007*.

Questions concerning the direct or indirect collection of personal information may be addressed to the:

Child Care Quality Assurance and Licensing Branch  
Early Learning Division  
Ministry of Education  
900 Bay Street, 24th floor, Mowat Block  
Toronto, ON M7A 1L2  
416-314-8373

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

A copy of the form should be given to the person who completes it.



CHILD CARE AND LEARNING CENTRE

**Volunteers: by signing this document you will waive certain legal rights, including the right to sue – Please Read Carefully!**

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**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY:**

In consideration of approval to enter a work experience program in the University of Guelph Child Care and Learning Centre, I hereby agree as follows:

- **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against the University of Guelph and its directors, officers, employees, and representatives (all of whom are hereinafter collectively referred to as "the Releasees") To release the releasees from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin my suffer as a result of my participation in this work experience program, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory or other duty of care.
- **IT IS MY RESPONSIBILITY** to ensure that I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions;
- **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this work experience program, if such liability is as a result of my acting outside the scope of my duties and responsibilities.
- **THIS AGREEMENT SHALL** be effective and binding upon my heirs, next of kin, executors, administrators, assignees and representatives in the event of my death or incapacity;
- **IN ENTERING INTO THE AGREEMENT**, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.
- **I FREELY ACCEPT AND FULLY ASSUME** all risk, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting from my participation in this program

I have read and understand this agreement and I am aware that by signing, I am waiving certain legal rights which I or my Heirs, Next of Kin, Executors, Administrators and Assignees may have against their Releasees.

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Name

Address

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Telephone

Signature

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Signature of Parent or Legal Guardian

Relationship to Minor

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Director, Chair or Witness Signature

Date