

Request for Photo Identification Card**Name Preference – First Name ONLY:** MARY ANNE**Affiliated Office(s):** PE**Role/Title:** ☒ Volunteer ☐ Board Member ☐ Student**Terms and Conditions**

1. Card is not to be used except for when providing Community Care Peterborough service.
2. Card is not transferable and is only to be used by signee.
3. Upon termination of services, card must be returned to the Coordinator.
4. Card may not be defaced in any way.
5. Card is the property of Community Care Peterborough and must be returned upon request.
6. Report immediately if card is lost or stolen.

I verify that I have read and understand the above Terms and Conditions.

Initials MB**Code of Conduct**

In accordance with Policy VOL-1-25, I have read and understand the Code of Conduct Declaration. I will make every effort to abide and will seek assistance when needed.

Initials MB**Accessibility for Ontarians with Disabilities Act, 2005**Confirmation of Understanding/Compliance with the Act: I confirm that I have read and understood the material contained in "Guidelines for Delivering Accessible Customer Service for Community Care Peterborough & Brokered Helpers." That understanding constitutes completion of the mandatory *Accessibility for Ontarians with Disabilities Act, 2005* (the Act).

Please register my compliance with the Act.

Initials MB**Orientation Statement**


I acknowledge that I have attended general orientation and that I have received and understood the information. I will read the Guide to Services, Volunteer Orientation Manual and service/role specific information.


Initials MB**First and Last Name (print):** _____**Office:** PE **Date:** April 11, 2023**Volunteer Signature:** _____**Staff Signature:** [Signature] **Date:** 11/04/23

VOLUNTEER CONFIDENTIALITY AGREEMENT

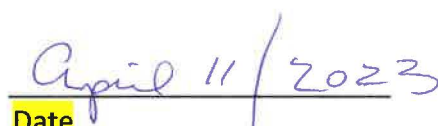
As a Board Member, Volunteer, Student, Brokered Helper or Employee of Community Care Peterborough (CCP), I understand that I will be privileged to information about the clients, families and operations of Community Care Peterborough. I understand that much of this information is private and that I agree to treat all such information as confidential. Furthermore I agree:


1. Not to disclose information shared with me through my involvement with CCP without receiving consent of the client and/or approval by the Executive Director of CCP or delegate. I shall protect the privacy and dignity of all clients, by holding in confidence all professionally acquired information about them, disclosing such information only when absolutely required, and agreed to by the client or their representative, unless such disclosure without client consent is required by law. I understand that this includes disclosing information to relatives, friends and my own family.
2. That the client has the right to know where such information may be kept, and/or electronically stored, and who may access the information for professional purposes. The client will always be consulted, unless in certain cases of emergency, where it may not be possible to get the client's permission, as to the sharing of information. If I am unsure of protocol, I must check with my supervisor.
3. That I must obtain written permission from the client before photographing, video-taping, recording or allowing a third party to witness their activities.
4. That records must be kept and/or electronically stored in a secured environment and must be kept secure from unauthorized access while at or in transfer to or from any office or work location.
5. To safeguard against unintentionally disclosing the Confidential Information (e.g., by not discussing confidential information in public and by not working with the Confidential Information on a laptop in public, or transmitting such information by unsecured means).
6. That when I leave the organization, it is expected that I will continue to adhere to the spirit of confidentiality set down in this Agreement, and not divulge any unauthorized personal information about the client and/or the operations of CCP.
7. To immediately notify Community Care Peterborough of any unauthorized use or disclosure of the Confidential Information.
8. That I understand that if it is felt that there has been a breach of confidentiality, the appropriate sanctions will be implemented and may include investigation by the Office of the Privacy Commissioner of Ontario.



Signature


Witness



Date


Date