



## Volunteer File Package

Welcome to the University of Guelph 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

Completed "Staff/Student/Volunteer Health History Form"

Completed "Pre-Employment Immunization Form for Childcare Staff" Ensure that you have the following immunizations complete:

- One adult dose of Tdap and a dose of Td current within the last 10 years
- Two doses of MMR, except if born before 1970
- Hepatitis B - 2 doses or lab evidence of immunity & Self Report for Varicella (chickenpox)

Copy of your Immunization Records

Vulnerable Sector Police Check (VSPC)

If more than 6 months old but less than 5 years old an *Offence Declaration* must be signed with Director/Operations Manager **or** receipt of request for VSPC

Completed "Notice with Respect to the Collection of Personal Information"

Worker Health and Safety Awareness Training Certificate (click on)

Release of Liability Certificate - in package below

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You will also need to complete a current Policy Review, including signing off on all current Individual High Risk Medical Plans and IPPs, prior to starting at the CCLC.



## 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 \_\_\_\_\_

# Employment Immunization Form for Childcare Staff

All information on this form is collected and retained by employer

EMPLOYEE INFORMATION	
Last name	First name
Date of Birth	
Name of Childcare University of Guelph Child Care & Learning Centre, Guelph , On	Date of Hire
RECOMMENDED IMMUNIZATIONS BY THE LOCAL MOH	REQUIRED DOCUMENTATION*
<b>Tetanus, Diphtheria, Pertussis (Tdap)</b> Tetanus is naturally occurring in the soil. Pertussis, also called the "100 day cough" is very dangerous to young infants.	Documented one dose of Tdap as an adult then Td vaccine booster every 10 years Date (Tdap): _____ Date (Td): _____
<b>Measles, Mumps, and Rubella (MMR)</b> Measles is very contagious and can spread through the air even after the infectious person has left the room.	Documented 2 doses <b>or</b> Proof of immunity (if born in 1969 or earlier or a blood test) Date: _____ Date: _____ Proof of immunity: <input type="checkbox"/> Laboratory evidence attached
<b>Varicella (chickenpox)</b> Chickenpox can spread through the air, days before the rash is present. It can lead to severe complications.	Documented 2 doses given at least 6 weeks apart <b>or</b> Proof of immunity (self-reported history of chickenpox or a blood test) Date: _____ Date: _____ Proof of immunity: <input type="checkbox"/> Laboratory evidence attached
<b>Hepatitis B</b> Persons with hepatitis B may not show symptoms but can spread the virus through body fluids. For personal protection, all staff should be vaccinated.	Documented 2-4 dose series (as a child or adult) <b>or</b> Proof of Immunity <i>Some may have received this vaccine in infancy, or as a combination hepatitis A/B vaccine for travel – e.g. Twinrix®</i> Date: _____ Date: _____ Date: _____ Date: _____ Proof of immunity: <input type="checkbox"/> Laboratory evidence attached
*or a valid exemption (see below)	
VACCINES STRONGLY ENCOURAGED	NO DOCUMENTATION REQUIRED
<b>Seasonal Influenza</b> Annual influenza vaccination is recommended for everyone. Children less than 5 years of age are at high risk of influenza-related complications. Influenza vaccine is also important for staff who have chronic health conditions.	Annual vaccination
<b>Hepatitis A</b>	Two or three** dose series <b>**Three dose series if given as a combined hepatitis A/B vaccine.</b>
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	REQUIRED DOCUMENTATION
<input type="checkbox"/> Statement of Conscience or Religious Belief form	Must be signed by a Commissioner for Taking Affidavits
<input type="checkbox"/> Statement of Medical Exemption	Must be signed by a healthcare provider and include their license or registration number

Signature  
Date



**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.

UNIVERSITY OF GUELPH  
**PERSONS ON NON-EMPLOYEE WORKING STATUS**

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE  
RIGHT TO SUE - PLEASE READ CAREFULLY!

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**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's

U. of G. Child Care & Learning Centre, from \_\_\_\_\_ to \_\_\_\_\_, I hereby agree as follows:

Y 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");

1. 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 may 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.
2. IT IS MY RESPONSIBILITY to ensure I have adequate medical, personal health, dental and accident insurance coverage, as well as protection of my personal possessions;
3. 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.
4. THIS AGREEMENT SHALL be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity;
5. IN ENTERING INTO THIS 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.
6. I FREELY ACCEPT AND FULLY ASSUME all risks, 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 THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.

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

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

Director/Supervisor/Designate Signature \_\_\_\_\_

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

Email copy to: Luella Gorgi

U. of G. Treasury Operations

lgorgi@uoguelph.ca

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STUDENT VOLUNTEER FEEDBACK FORM

Name and Email

**PRE-EMPLOYMENT**

We, at the CCLC, are all interested in seeing the students we work with succeed. Helping you to reflect on the knowledge, skills, and attitudes you are developing is a vital role we play in your success in meeting personal, professional, and academic goals. There is meaning and value in what you are doing to support staff, children and families at the CCLC!

My hope is to connect with you several times during the semester, whether it is face to face meetings or by email. We will review the knowledge, skills or attitudes that you identified in your initial interview to ensure you are making connections to your personal, academic and professional goals.

In preparation please identify 1 – 3 goals that you are/will be working towards (i.e. future academic goals, career goals, personal goals).

- 1.
- 2.
- 3.

**CHECK IN MEETING**

What specific knowledge, skill or attitude are you actively applying during work?

How is your goal(s) progressing? Do you have any questions or need guidance?

What has been a success for you so far? What have you learned from that success?

What has been surprising or challenging in the work you have done so far? Is there anything you would do differently?