

When the volunteer placement is initiated by a community agency which provides supervision and support to their own clients in completing volunteer activities, the Support Worker or other agency representative will be asked to complete the "Community Agency Volunteer Form".

- ❖ The applicability and completion of the additional volunteer placement related documents will be at the discretion of the Children's Services Supervisor, or their designate, as determined through discussion with the Support Worker regarding the ability of their client to understand the documentation and to provide a signature indicating commitment and understanding. Where the volunteer lacks capacity to understand some of the volunteer related policies included in the Orientation Manual, the Support Worker will assume responsibility for adherence to policy.
- ❖ The Orientation session content may be abbreviated or adapted to accommodate any challenges the volunteer may have in understanding the material, however it remains important that the majority of the content be covered with the volunteer. The Support Worker should accompany the volunteer to the Orientation session to aid with communication and understanding by the volunteer, and so that they too are aware of the expectations of Volunteers and in turn of them as supervisor of the volunteer.
- ❖ In most of these instances, supervision of the volunteer will be the responsibility of the agency-provided Support Worker, who will assume accountability to the Children's Services Supervisor for the activities of their clients on placement with the EarlyON Centre.

**Name of Volunteer(s):** \_\_\_\_\_

**Name of Worker:** \_\_\_\_\_  
This person will come with the volunteer to each shift.

**Agency:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Fax or Email:** \_\_\_\_\_

**Designated Shift:** \_\_\_\_\_

**Description of Duties:** (or attach applicable Job Design)

- I will contact the EarlyON Centre at 613-341-9044 if for some reason, we are not able to attend a scheduled shift.
- I agree with the following arrangements, and understand the policies and procedures outlined in the Orientation Manual provided.

**Signature on behalf of Agency:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Original to volunteer file
- Copy to agency