



The Corporation of the
City of North Bay
200 McIntyre St. East
North Bay, ON P1B 8V6

Arts, Culture & Recreation
Direct Line: (705) 474-0400, ext. 2337
katie.fabbro@northbay.ca

Friday, December 6, 2024

Dear Volunteer,

Re: Outdoor Rink Volunteer Program

Please find enclosed a Volunteer Registration Form, Integrated Accessibility Standards Regulation and Accessibility questionnaire and Confidentiality Agreement.

If you are interested in volunteering, we kindly request that you complete the forms and return them to our department in-person or via email to **katie.fabbro@northbay.ca**. **A Vulnerable Sector Check (VSC)** is required to be a volunteer.

In an effort to provide increased support for the Outdoor Rink Program we will be hosting a **Mandatory** Annual Volunteer Orientation session at each rink location. These sessions will take place during the month of January. Volunteers will be notified of the date and time by the Parks Department. The Outdoor Rink Charge Hand and the Parks Supervisor will facilitate these sessions.

You must sign off on your training once you have successfully completed the orientation session.

The City of North Bay is required to participate in mandatory Accessibility training by the province of Ontario. The training must be completed annually by volunteers. If you have previously taken this training, you are still required to do it again. Please complete and return the True/False test attached.

New and **returning** volunteers are required to complete mandatory volunteer training annually in January 2025. Once complete, keys may be picked up at the Arts, Culture and Recreation Department, 2nd Floor, City Hall. A refundable key deposit of \$30.00 per key to a maximum of \$60.00 is required for both the hydro and building keys.

Please email all completed Vulnerable Sector Checks to humanresources@northbay.ca.

Applications can be emailed to katie.fabbro@northbay.ca or dropped off to the Arts, Culture and Recreation Department (2nd floor of City Hall).

Once again, thank you for volunteering. We look forward to hearing from you. If you have any questions or comments, please do not hesitate to contact me at 705-474-0400, ext. 2337.

Sincerely, Katie Fabbro
Culture & Recreation Programmer Intern



ARTS, CULTURE, RECREATION AND LEISURE SERVICES

2ND FLOOR, CITY HALL

OUTDOOR RINK VOLUNTEER FORM

Rink: _____ **Date:** _____

Name: _____

Address: _____ **Postal Code:** _____

Phone #: _____ **Email:** _____

Volunteering for the following:

Ice Preparation
Turning on / off lights
Other (specify):

Opening, supervision and closure of building
during regular non-supervised times
Ice cleaning

Specify days and times you are available to supervise use (i.e. for groups / schools) of the rink:

Day: _____ Time: _____

Day: _____ Time: _____

Police Record Check attached

Accessibility Training Questionnaire Completed

I understand and acknowledge that The Corporation of the City of North Bay (hereinafter referred to as the "City of North Bay") holds a municipal liability policy to defend against claims by third parties. The limit of this policy for all damages arising out of one accident or occurrence or a series of accidents or occurrences from one cause to third parties is limited to \$5,000,000.00. Any volunteer worker of the City of North Bay will be defended under this policy from any third party claims.

I further understand that the City of North Bay does not carry disability or worker compensation insurance coverage for my benefit.

I further understand and acknowledge that an authorized employee of the City of North Bay may terminate my services as a volunteer with the Outdoor Rink Volunteer Program at any time without notice or cause.

I agree to follow all guidelines, standards and codes of conduct, which may be set by the City of North Bay. I further agree to follow all federal, provincial and municipal laws and regulations when working as an Outdoor Rink Volunteer.

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of volunteer services at municipal outdoor rinks. Questions about this collection or personal information should be directed to the City Clerk, 200 McIntyre Street East, North Bay (705) 474-0626, ext. 2510.

Date

Outdoor Rink Volunteer Signature

Corporation of the City of North Bay

Confidentiality Agreement

I, _____ have accepted a placement with the Corporation of the City of North Bay.

I acknowledge that during the course of my placement, I will acquire and be exposed to confidential or sensitive information related to The Corporation of the City of North Bay itself, its agencies, boards, commissions, businesses, processes, personnel, members of council and in some cases, clients. If, at any point during my placement with The Corporation of the City of North Bay, I am in doubt as to whether or not certain information (whether in writing or not) is confidential or sensitive, I agree to seek clarification of that issue from my immediate supervisor or other appropriate person with authority at The Corporation of the City of North Bay, before making any disclosure of the information in question.

As a condition of my placement with The Corporation of the City of North Bay, I agree to not disclose or release confidential or sensitive information to any person outside of The Corporation of the City of North Bay at any time without proper consent, authorization, or except as may be legally required. If at any time during the course of my placement I am in doubt as to whether the proposed disclosure of certain information may not be consistent with the purposes for which it was collected by the City of North Bay, I agree to seek clarification with respect to that issue from my immediate supervisor or other appropriate person in authority at The Corporation of the City of North Bay, before any such information is disclosed.

I further agree to take appropriate security measures to prevent unauthorized access to confidential or sensitive information during the course of my placement with The Corporation of the City of North Bay.

I agree that my confidentiality obligations survive the cessation of my placement with The Corporation of the City of North Bay for any reason.

Dated at _____, this _____ day of 20____.

Applicant Name

Applicant Signature

Witness Name

Witness Signature

TRUE OR FALSE

The goal of the AODA (Accessibility for Ontarians with Disabilities Act, 2005) is to make Ontario accessible to people with disabilities by 2025. True or False? _____

The term “disability” only refers to physical disabilities. True or False? _____

Speak to the customer who has the disability rather than about him/her. True or False?

If your customer uses a hearing aid, reduce background noise or move to a quieter area. True or False? _____

Always ask permission before touching or moving an assistive device. True or False?

People who have vision loss cannot see anything. True or False? _____

Never assume what a person who has a disability can or cannot do. True or False? _____

When guiding a person who has vision loss, you should always identify yourself when speaking to them. True or False? _____

Treat the service animal like a pet. True or False? _____

When assisting persons with disabilities, always ask “May I help?” and “How may I help?” True or False? _____

I have read and understood this training module regarding Accessibility for Customer Service.

Name

Date