



**Re: Outdoor Rink Volunteer Program**

Dear Volunteer,

Thank you for your interest in volunteering for our Outdoor Rinks 2026 season. Please ensure you are eligible based on the listed criteria and that you complete the forms included in the package:

- Volunteer Registration Form
- Integrated Accessibility Standards Regulation and Accessibility Questionnaire
- Confidentiality Agreement
- Record Check (a volunteer letter will be provided by the City to cover the fees)
- Volunteers must be at least 18 years old

Once completed, please return the forms in person to the Arts, Culture and Recreation Department (2nd Floor of City Hall) **or** by email to [katie.fabbro@northbay.ca](mailto:katie.fabbro@northbay.ca). A **Record Check** is required to be a volunteer however, If you've volunteered within the last 3 years, please contact [katie.fabbro@northbay.ca](mailto:katie.fabbro@northbay.ca) before you proceed.

To provide increased support for the Outdoor Rink Program, we'll be hosting a **Mandatory** Annual Volunteer Orientation session in January. Volunteers will be notified of the date and time by the Parks Department. **The training must be completed annually by volunteers.**

Once your training is complete, you may pick up your keys to the rink equipment storage unit at the Arts, Culture and Recreation Department. A refundable key deposit of \$30.00 (cash or cheque) per key is required.

Once again, thank you for volunteering. We look forward to hearing from you.

Sincerely,

Katie Fabbro  
Culture & Recreation Programmer Intern  
705-474-0400 ext. 2337



## ARTS, CULTURE, RECREATION AND LEISURE SERVICES

2<sup>ND</sup> 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