

Name:
Address:

Re: Volunteer Placement

Dear

On behalf of Health Services, Volunteer Resources, I am pleased to offer you a Volunteer Placement as an Immunization Clinic Volunteer. Please take this opportunity to confirm the terms and conditions of your Volunteer Placement.

PROGRAM NAME: Immunization Services Program

VOLUNTEER PLACEMENT: Immunization Clinic Volunteer

PLACEMENT DATE: January to December 2026

REPORT CONCERNS REGARDING THIS PLACEMENT TO:		
Coordinator, Volunteer Resources	Darlene Shaw	416-540-7428 darlene.shaw@peelregion.ca
Coordinator, Volunteer Resources	Alexandra Srdoc	647-295-9702 alexandra.srdoc@peelregion.ca

1. As a Volunteer, your placement with the Region is scheduled for the placement date range noted above. You will report to your assigned location, check in at registration desk and at that point you will be directed to the Clinic Supervisor.
2. Your hours of volunteering will depend on the days/times you signed up for and must be followed through. Please refer to your email schedule which provides the date and time of your scheduled shifts.
3. A minimum commitment of four 4 hour shifts per month is preferred.
4. As a volunteer, you will not be paid for this or any other Volunteer Placement.
5. All Region of Peel volunteers are subject to the terms and conditions of its Code of Conduct and the Region's Policies as amended from time to time. Adherence to the provisions of the Code and Policies constitute additional conditions of your volunteer placement. Both the Code of Conduct and all relevant Policies will be made available to you. It is important that you familiarize yourself with the Code of Conduct and the Policies. Certain other conditions of volunteering pertaining to confidential information and intellectual property will also apply to you. By signing this letter you confirm to reading and agreeing to the terms set forth in Appendix B- Volunteer Confidentiality Agreement Form.
6. The Region of Peel supports the health of its employees, volunteers and clients/residents. As a new volunteer we want you to be aware that some people may be sensitive to the chemicals in manufactured scents. Please refer to the Region's Scent Sensitivity Program guidelines for more information.
7. You will be required to complete a mandatory general orientation and a role specific training.
8. Volunteering during COVID-19: You will be required to adhere to the [latest COVID-19 Peel Public Health](#) recommendations and guidelines as well as follow specific health and safety

procedures as outlined in your position description and training. Mandatory self-screening is required prior to entering a vaccine clinic.

Use the [MOHLTC health screening tool](#) as close to your scheduled start time as possible.

9. Your volunteer assignment may be terminated at any time in the Region's sole or absolute discretion, with or without notice to you.

Please confirm your acceptance of the conditions set forth in this letter and forms listed below as Appendices A to E, by signing and returning a copy of this letter to my attention on or before your orientation.

- Appendix A: Volunteer Position Description
- Appendix B: Volunteer Confidentiality Agreement Form
- Appendix C: Release/Waiver/Indemnity and Consent
- Appendix D: Breaking Down Barriers in Peel, IASR Training Brochure
- Appendix E: PHIPA – Personal Health Information Protection Act

The attached Appendices are incorporated by reference and form an integral part of this Volunteer Placement Letter.

I look forward to having you join us at the Region of Peel, Volunteer Resources.

Yours truly,



Alexandra Srdoc/Darlene Shaw
Volunteer Resources

cc: volunteer file Encls.

I have read and fully agree to the terms and standards set forth in this document and Appendices A to E, attached herewith.

By typing my initials in the below space for my Signature I agree I have read and fully agree to the terms and standards set forth in this document.

Click or tap here to enter text.

Click or tap to enter a date.

Name of Applicant (please print)	Signature of Applicant	Date
Note: Only those persons who are 14 or older are eligible to volunteer with the Region of Peel. In addition, anyone who is under the age of 18 requires the consent of their parent/guardian.		
Parent/Guardian Name & Phone #	Parent/Guardian Signature	Date