

For GL staff to fill out:

- ☐ In calendar
- ☐ Attached to booking
- ☐ Sent to staff

Please return form to adamcd@wellington.ca

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THE GREEN LEGACY®

Date of Application (M/D/Y) :

GROUP INTAKE FORM

Applicant Information

Name of Organization:

Staff Representative(s):

Nursery Location (highlight one)

Puslinch

Damascus

Current address:

City:

Province:

Postal Code:

Email:

Phone:

Background Information

On what day or dates would you like to volunteer?

Approx. arrival and departure time:

How many individuals
can we expect (avg)?

Kids or Youth and age range

Adults

Why would you like to volunteer with us? Do you have required hours? What are your goals for the experience?

Are you interested in using our barbeque or any other facilities?

Are there any special accommodations we should consider for your group?

Emergency Information

List any allergies or health concerns that we should know about:

Organization Emergency Contact:

Position:

Address:

Main Phone:

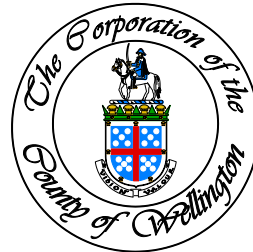
Secondary Phone:

City:

Province:

Postal Code:

<i>Please enter the volunteers that will be attending with the group</i>	<i>For Community outreach coordinator to fill out</i>	
Volunteers	Volunteer Requirements	
	Photographic Release	Volunteer Risk of Violence Assessment Form
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County of Wellington Volunteer Agreement and Waiver

We, _____, in participating in volunteer activities with the County of Wellington, fully understand and agree to the following:

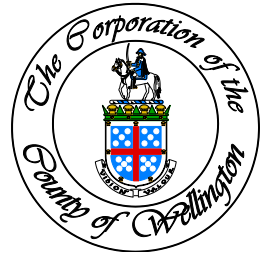
1. We will not be participating in volunteer activities in the same capacity as an employee of the County of Wellington.
2. We will not be entitled to Employment Standards Act (ESA) entitlements such as payment, salary or wage, nor will I be entitled to Workplace and Safety Insurance Board (WSIB) coverage.
3. We acknowledge that participating in volunteer activities does not entitle me to become an employee of the County of Wellington in the future.
4. We acknowledge that performing volunteer activities may involve certain elements of risk and I hereby release the County of Wellington, and its elected officials and employees from all claims for loss, damage, or injury, except for that which is caused solely by the negligence of the County of Wellington or its employees.
5. We will abide by all applicable County of Wellington policies, and will follow the instructions of the appropriate manager, supervisor or employee in carrying out the volunteer activities.
6. Either the County of Wellington or all or members of our group may terminate my volunteer activities at any time.

By signing below, I acknowledge that I have read and understood the preceding conditions, release and waiver; and I agree to the preceding conditions, release and waiver. I have shared the details with all participating individuals.

Organization: _____

Staff rep name and signature: _____

Date: _____



County of Wellington Volunteer Risk of Violence Assessment Form

The County of Wellington requires that all volunteers who participate in the Tree Nursery programme (the “Programme”) complete this Risk of Violence Assessment form. Generally, the form requires disclosure of information with respect to the risk of violent behavior or past violent acts. In accordance with its obligations under the Occupational Health and Safety Act, the County is committed to creating a violence free workplace. The information provided will be used by the County to ensure appropriate safety measures are in place to protect the safety of Programme staff and other Programme volunteers.

In responding to the following questions, please consider that our employees:

- Often work alone, or in small numbers, alongside volunteers, and
- Often work with volunteers in remote or isolated locations, such as on hiking trails.

The County, and Programme staff, will make every reasonable effort to maintain the confidentiality of any information disclosed through this form unless disclosure is required to protect the safety of staff, volunteers or other individuals.

PLEASE NOTE: The disclosure of a personal disposition towards violence, or a history of violent behavior does not necessarily preclude persons or groups from volunteering with the Tree Nursery Programme. Honest answers will assist in ensuring that appropriate safety measures are in place where necessary for the protection of Programme staff and volunteers. Failure to provide candid answers will result in immediate exclusion from the Programme.

Questions for All Volunteers:

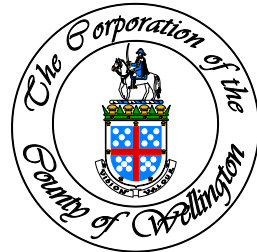
1. Is there any reason the County should be concerned with you, or your group, having access to the tools used at the Tree Nurseries Programme. These tools include Shovels, Pruning Shears, and other gardening implements.
2. Do you, or any members of your group, have a personal disposition towards violence, or a history of violent behavior? If so, please provide a general outline of the potential risks this behavior may create for Programme staff and other volunteers.



3. If you answered “Yes” to question #2, what are some of the proactive measures that can be taken by the Programme to ensure your safe participation as a volunteer?

Questions for Groups Leaders Only:

1. Is there someone in your group that poses a risk of violence to Programme staff or other volunteers? If so, what measures do you have in place to limit or eliminate this risk?
2. If you answered “Yes” to the question above, what level of supervision is required for the individual or individuals that have been identified as posing a risk of violence? Please describe in detail the level of supervision that must be provided.
3. If the individual, or individuals, are accepted to participate in the Programme, will your organization provide the appropriate level of supervisor at all times to ensure the safety of Programme staff, the individual(s) in question, other volunteers, and, if applicable, the general public?
4. What training does your supervising staff have in dealing with aggressive and/or violent clients/people?
5. In the event of an incident involving violence, or the threat of violence, what de-escalation or response procedures does your group have in place? Please attach any formal documentation with respect to safety plans that may be available.



6. Do you know of any reason why a member, or members, of your group should not be permitted to work alone with Programme staff or other volunteers, or work in a remote or isolated area with Programme staff or other volunteers?

7. Do you recommend any precautionary measures for Programme staff when dealing with your group?

By signing below I agree that the statements above are true, in relation to myself and/or to the group I represent. I also agree to notify the County of Wellington Tree Nurseries Programme of any changes to the above responses prior to any future visits to the Tree Nurseries.

_____	_____	_____
Print Name	Sign Name	Date

_____	_____
Name of Group (if applicable)	Position within Group (if applicable)

The County of Wellington reserves the right to decline any person or group at our discretion if we perceive a risk of violence to our employees or others at the Tree Nurseries. We may also request additional chaperones from your organization if we believe additional supervision is required to ensure safety.

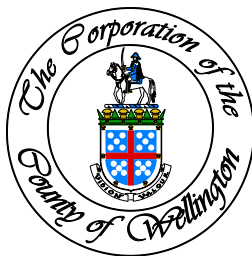


PHOTO RELEASE FORM

To: County of Wellington

I, _____ hereby consent to have myself and/or my child, _____, photographed.

I also consent to the use of the photograph or likeness of myself and/or my child as above named on the Internet through the Worldwide Website, Communications Page (newspaper), in any official printed publications, or any electronic and/or digital media.

I acknowledge as follows:

- 1 that you have the right to crop or treat the photograph at your sole discretion;**
- 2 that whether or not the photo images are used and where they are used remain at your absolute discretion; and**
- 3 that I understand that any image posted on the Internet Website may be downloaded by any computer user.**

On my own behalf and where applicable, as the child's parent or legal guardian, I agree to release and hold harmless the County, its members, trustees, agents, officers, contractors, volunteers and employees from and against all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my or my child's photograph or likeness in the print medium, on the Internet or any other electronic and/or digital medium.

I understand the nature and the purpose of this consent.

Date

Print Full Name

Signature

Address: _____

to be filled out by each consenting member of the group - can be done the day of volunteering



County of Wellington

Green Legacy Programme Volunteer Information Sheet

Come Prepared!

Volunteers are responsible for wearing/bringing:

- **Appropriate footwear** – boots for rain/mud, sturdy shoes for hiking. We suggest closed-toed shoes.
- **Hat and/or sunscreen, bug spray**
- **Rain gear/warm jacket** – depending on weather and the time of year
- **Work gloves** – if you want to wear work gloves, please bring your own
- **Refillable water bottle** – drinking water will be provided

Because of the different environments we could be working in, try to dress in layers to accommodate the changing temperatures.

Weather and Cancellations

The Green Legacy Programmes generally run rain or shine. The greenhouses are reasonably comfortable regardless of the weather. We also have limited indoor working space in our underground cooler building. In the event of extreme heat or cold weather we will work at a comfortable pace and will take rests as needed.

If severe thunderstorms or other inclement weather are forecasted for the day you plan on volunteering, contact Green Legacy staff by 8:30 am. **The decision to cancel programmes is made at the discretion of the Green Legacy Manager. If programmes are cancelled, entry gates will be locked.**

Given the limited indoor space available at the Green Legacy Nurseries, it is difficult to accommodate a large number of people in poor weather conditions. Re-scheduling of volunteer dates will be arranged if needed.