

Intake Form

Tree Planting and Stewardship Events Program

Event Location: _____ **Event Date:** _____

The City of Toronto encourages applications from Aboriginal people, people with disabilities, members of visible minority groups and women. In accordance with the Ontario Human Rights Code, Accessibility for Ontarians with Disabilities Act and the City of Toronto's Accommodation Policy and Guidelines, a request for accommodation will be considered throughout the process. Applicants are required to provide their accommodation needs in advance.

Volunteer Information			
First Name		Last Name	
Street Number	Street Name	Suite/Unit Number	
City	Province ON	Postal Code	
Primary Telephone Number		Email	
Are you looking to acquire community service hours (40 hours) to graduate from secondary school?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

COVID-19 HEALTH ASSESSMENT
<p>I fully understand and agree, and have signed off on the Tree Planting and Stewardship Events Program COVID-19 health assessment:</p> <ul style="list-style-type: none"> All participants must do the self-assessment for COVID-19 on the Ontario Ministry of Health website and if they do not pass the assessment, they will not be permitted to join an event Onsite staff and participant health screening using the COVID-19 screening tool will also take place at the start of each event Anyone who answers yes to a screening question or who is exhibiting symptoms of COVID-19, has traveled in the last 14 days or has had close contact with a confirmed case will not be permitted to participate Under advisement of Medical Officer of Health and Toronto Public Health, the City strongly encourages all participants 60+, and/or with weak immune systems to remain home

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If under 16 years of age, we require the contact of a parent or guardian in the event of an emergency.

Emergency Contact Information	
Note to Volunteer: This section must be completed by the person who has agreed to act as your emergency contact. The City will only disclose information to this person in the event of an emergency.	
Emergency Contact First Name	Emergency Contact Last Name
Telephone Number	

Parks, Forestry and Recreation collects personal information in this section under the legal authority of the City of Toronto Act, 2006, SO 2006, Chapter 11, Schedule A, s 136(c) and the City of Toronto By-Law No 640-2013. The information is used in the case of an emergency involving the participant. Questions about this collection can be directed to the Staff Support Manager, City of Toronto, Metro Hall, 7th Floor, 55 John Street, Toronto, Ontario, M5V 3C6, or by telephone at 416-397-5341.

Multimedia Consent
<p>I give the City of Toronto permission to photograph, videotape, audiotape, film and/or interview myself and to publish the recordings in City of Toronto publications or materials, the official City of Toronto website and social media channels. The use of such recordings may extend to marketing and promotional purposes, both now and in the future. The recordings shall constitute the exclusive property of the City of Toronto and may be reproduced by the City of Toronto and anyone it has authorized, without compensation or payment to the individual(s) being recorded or any other person.</p> <p>If you do not wish to be photographed, please identify yourself to a staff person.</p>

Release
<p>I fully understand and agree that while participating in the Tree Planting and Stewardship Events Program, I release the City, its employees, agents, contractors and elected or appointed officials from:</p> <ul style="list-style-type: none">• all risk of loss or injury, including death to myself or damage to my property while on City property or elsewhere resulting directly or indirectly from my activities and performance; I allow City staff to seek appropriate medical treatment in the event that I am injured;• any and all claims for personal injury and/or property damage that arise from or are in any way connected to my participation. I understand that• this release applies to both present and future injuries and that it binds my heirs, executors and administrators.

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Consent

I fully understand and agree that, I will/have:

- be respectful and act professional when engaging with members of the public, staff and other participants
- show proper regard for City property and the property of others
- abide by all City policies, procedures and legislation as outlined by staff;
- take direction and follow instructions given by staff
- not receive remuneration, salary, wage, payment or any employee benefit or be covered by Workers' Safety and Insurance Benefits (WSIB);
- not use the City's facilities and equipment except as authorized;
- not disclose to anyone confidential information during or after my time participating with the City; including but not limited to client identities, materials, records, memoranda, or other data except as may be required or permitted by law or at the request of the City or as required to fulfill my obligations as a participant.
- I have read this release and understand its terms. I sign voluntarily and have full knowledge of its significance.

Volunteer Signature

Date (yyyy-mm-dd)

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