Record the date when each document or area has been completed; continue to follow-up until everything has been completed and recorded. This checklist may be attached to the inside of each volunteer’s file folder.

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Document/ Area** | **Date Received** | **Comments** |
| Volunteer Registration Form |  |  |
| Confidentiality Agreement |  |  |
| Police Reference Check |  |  |
| Orientation to Student Nutrition Program* Job description received and reviewed
* Tour of school, program location, kitchen
* Introduction to Principal, teachers, volunteers
* Overview of Safe Food Handling Procedures
* Overview of School Student Behavior Policy
* Overview of Emergency & Safety procedures
 |  |  |
| Volunteer Training* New volunteer teamed with an existing volunteer for “hands-on” training
* Safety and Emergency procedures
* Safe Food Handling
* Nutrition and menu planning
* Expectations of student behaviour
 |  |  |
| Suggested Follow-up with Volunteer* Personally check-in with them at the end of the first week
* Send a card of thanks at the end of the first month
* Arrange a meeting for all volunteers at the end of the school year to discuss the program and suggestions for next year
 |  |  |

Name:

Address:

Postal Code:

Home Phone:

Work Place Name and Phone:

Home email:

Emergency Contacts:

In the event of an emergency, please provide two contacts:

Name:

Phone number:

Relationship to you:

Name:

Phone number:

Relationship to you:

Please advise your emergency contacts you have shared their names with [*insert school]* Nutrition Program.

School Program:

Year: September \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to June

Month of:

|  |  |  |  |
| --- | --- | --- | --- |
| **Monday** | **Name** | **Home Phone** | **Work Phone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Back-up for emergencies |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Tuesday** | **Name** | **Home Phone** | **Work Phone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Back-up for emergencies |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Wednesday** | **Name** | **Home Phone** | **Work Phone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Back-up for emergencies |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Thursday** | **Name** | **Home Phone** | **Work Phone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Back-up for emergencies |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Friday** | **Name** | **Home Phone** | **Work Phone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Back-up for emergencies |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |