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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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:

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