

## The Local Community Food Centre Volunteer Manual Recognition

Please initial in the circle:

- I have read and understood The Local Volunteer Manual.
- I agree that I will follow the Manual as written.

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

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_

# Oath of Confidentiality

Confidential information is –

- Personal information about participants and volunteers;
- Personal information about employees and board members;
- Information about The Local Community Food Centre business which should remain confidential to protect the organization; and,
- Other information that The Local Community Food Centre Board of Directors decides is confidential.

I agree that I will keep secret any confidential information that I know through my position with the non-profit unless authorized by the Board of Directors.

This applies while I am an employee/volunteer/director of The Local Community Food Centre and when I am no longer an employee/volunteer/director of The Local Community Food Centre.

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

Position: \_\_\_\_\_  
(employee/volunteer/director)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**The Local Community Food Centre**  
**Agreement to Follow COVID Policy # 2020.1.OPP**

Please initial in the circle:

- I have read and understood COVID-19 Policy 2020.1.OPP.
- I agree that I will follow the COVID-19 Policy 2020.1.OPP as written.

I understand that if I do not agree to follow COVID-19 policy 2020.1.OPP, I may not be able to perform my duties and it may affect my employment/volunteer status with The Local Community Food Centre.

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

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

(employee/volunteer/director)

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date \_\_\_\_\_