

**MADAWASKA VALLEY FIRE DEPARTMENT APPLICATION CHECKLIST**

**Application**

**Medical**

**Confidentiality Statement**

**Declaration**

**Driver Abstract**

**Vulnerable Sector Check**

**THE CORPORATION OF THE TOWNSHIP OF MADAWASKA VALLEY**  
Job Description

**Position Title:** Firefighter (Volunteer)

**Department:** Protection to Persons and Property

**Purpose of the Position:**

Under the general supervision of the Fire Captain, the Firefighter is part of a team that engages in fire suppression, prevention, and education activities; protects life and property; operates and maintains fire fighting apparatus and equipment; sets up hoses, ladders and uses equipment to fight fires; participates in fire training and drills; trains in fire fighting techniques; maintains facilities and equipment and other related works as required.

**MAJOR RESPONSIBILITIES:**

**1. Program/Service**

- 11.1 Responds to alarms for fire, accident and hazardous materials with designated equipment.
- 11.2 Connects and lays hose lines.
- 11.3 Enters burning structures with lines, operates nozzles, carries, raises and climbs ladders.
- 11.4 As assigned, drives and/or operates fire apparatus, locating it at a fire.
- 11.5 Connects to fire hydrant and other water supplies.
- 11.6 Operates pumps to maintain desired pressures to support fire suppression activities.
- 11.7 Performs emergency first aid as required.
- 11.8 Protects own health and health of others by adopting safe work practices, reporting unsafe conditions immediately, and attends all relevant in-services regarding occupational health and safety. Follows all guidelines for employees as legislated under the Ontario Occupational Health and Safety Act.
- 11.9 Other duties as assigned.

**2. Human Resources**

- 2.1 Not responsible for the supervision and direction of others.

*September, 2013*

**3. Financial Resources**

- 3.1 Not responsible for the preparation of budgets or acquisition of funds.

**4. Material Resources**

- 4.1 Responsible to ensure the safe operation and management of large equipment (fire fighting vehicles), portable pumps, fire hose, fire fighter safety clothing, and personal protective gear, and other equipment associated with fire fighting.

**SKILL AND EFFORT:**

**5. Qualifications**

- 5.1 Good knowledge of modern firefighting practices and fire prevention methods.
- 5.2 Sound knowledge of the municipality residential, commercial, industrial and geographical features including unusual fire risk occupancies, water sources and the types of buildings in their assigned area.
- 5.3 Good knowledge of safety procedures, rules and equipment.
- 5.4 Possess formal training in CPR and First Aid a good knowledge of rescue and practices.

**6. Physical Skill and Effort**

- 6.1 Excellent physical condition with ability to handle physical demand of the position.

**7. Decision Making and Judgement**

This rank holds the responsibility for front line firefighting making quick independent decisions within the policies and procedures set by regulation and Council. A high degree of responsibility for the protection of lives and property is involved.

**8. Interpersonal Skills/Contacts**

Good interpersonal skills are required to interact with the Chief Building Official, Deputy Fire Chiefs, Fire Captains and other members of the fire department.

- 8.1 Internal
- with Chief Fire Official, the Deputy Fire Chief , Fire Captains and other Firefighters for the exchange of information

- 8.2 External
- with property owners and members of the public who are at fire scenes to direct their activities and gather necessary information for report completion.

**WORKING CONDITIONS:**

**9. Environment**

- 9.1 Work is subject to severe physical hazards and demands, involves exposure to risk of personal injury and loss of life.
- 9.2 Work is subject to strenuous physical exertion when responding to various types of emergencies.

**10. Control over Work Schedule**

- 10.1 This position has no regular work schedule except on occasion for routine training.
- 10.2 Work is performed on demand causing interference with person life and lifestyle.

**The foregoing description reflects the general duties necessary to describe the principle functions of the job identified and shall not be construed to be all the work requirements that may be inherent in this classification.**



**THE CORPORATION OF THE  
TOWNSHIP OF MADAWASKA VALLEY**

85 Bay Street, P.O. Box 1000, Barry's Bay, Ontario K0J 1B0  
TEL: (613) 756-2747 FAX: (613) 756-0553  
E-MAIL - info@madawaskavalley.ca.

**Application Form**  
**Please Print**

<b>Personal Information</b> Confidential when completed		
<b>Last Name</b>	<b>Given Name</b>	<b>Initial</b>
<b>Address</b>		
<b>Telephone</b>	<b>Cell Phone</b>	<b>Business</b>
<b>Emergency Contact</b>		<b>Emergency Contact Telephone</b>
<b>What position did you apply for?</b>		
<b>Eligibility Requirements</b>		
<b>What hours would you be available?</b> <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Weeknights <input type="checkbox"/> Other?	<b>Are you legally eligible to work in Canada?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you meet Eligibility Requirements?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you able to understand oral and written English?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you able to understand oral and written French?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other Languages?</b> Describe:
<b>Have you ever been convicted of a criminal offence for which you have not received a pardon?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		



Personal information contained on this form is collected pursuant to the *Police Services Act*, s.41 and Federal and Provincial privacy legislation and is collected for the purpose of processing this Vulnerable Sector Check. Information related to this check will be retained for two years. Questions concerning this collection should be directed to your local OPP detachment.

This check is to be used by applicants seeking a paid or volunteer position with vulnerable persons. "Vulnerable person" means a person who, because of their age, a disability or other circumstances, whether temporary or permanent, are (a) in a position of dependence on others; or (b) are otherwise at a greater risk than the general population of being harmed by a person in a position of authority or trust relative to them, pursuant to the *Criminal Records Act*.

This check will include the following information as it exists on the date of the search:

- RCMP National repository of Criminal Records, including the Pardoned Sex Offender Database - Pardoned criminal convictions as per the Schedule of the *Criminal Records Act*, including non sex offences, identified as a result of a Vulnerable Sector Verification search and authorized for release by the Minister of Public Safety and Emergency Preparedness
- Canadian Police Information Centre (CPIC) (Intelligence and Investigative Databanks)
- Outstanding entries, such as charges and warrants, judicial orders, Family court restraining orders, Peace Bonds, Probation and Prohibition orders
- Absolute and Conditional Discharges (1-3 years) from local police databases
- Criminal charges resulting in dispositions and non-conviction including, but not limited to: Stayed, Withdrawn, Dismissed, Not Guilty, and cases of not criminally responsible by reason of mental disorder as listed on local police indices
- Police contacts including but not limited to theft, weapons, sex offences, or violent, harmful or threatening behavior which may or may not have involved a mental health incident where no charges were laid

<b>Applicant information</b>							
Last Name, First Name, and Middle Names						Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Maiden Name or other Last Names used				Name commonly used or other First Names			
Street Number and Name or Lot, Conc. And Township		Apt. No.	City, Town or Village		Province/State	Postal/ZIP Code	
Date of Birth (YYYY/MM/DD)	Country of Birth	Telephone		E-mail address			
<b>Addresses for the last five (5) years (if different from above)</b>							
Street Number and Name or Lot, Conc. And Township		Apt. No.	City, Town or Village	Province/State	Postal/ZIP Code	From (MM/YY)	To (MM/YY)
Street Number and Name or Lot, Conc. And Township		Apt. No.	City, Town or Village	Province/State	Postal/ZIP Code	From (MM/YY)	To (MM/YY)
Street Number and Name or Lot, Conc. And Township		Apt. No.	City, Town or Village	Province/State	Postal/ZIP Code	From (MM/YY)	To (MM/YY)
Street Number and Name or Lot, Conc. And Township		Apt. No.	City, Town or Village	Province/State	Postal/ZIP Code	From (MM/YY)	To (MM/YY)
Street Number and Name or Lot, Conc. And Township		Apt. No.	City, Town or Village	Province/State	Postal/ZIP Code	From (MM/YY)	To (MM/YY)
<b>Purpose of the record check</b>							
I am an applicant for a <input type="checkbox"/> paid OR <input type="checkbox"/> volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.					<input type="checkbox"/> Agency/organization stamp affixed or letter attached		
Title of employment/volunteer position:							
Description and details regarding the responsibilities towards children or vulnerable person(s)							
<b>Identification</b>							
<input type="checkbox"/> Identity of applicant has been verified		Name of organization/agency					
Telephone		Signature of organization/agency witness				Date (yyyy/mm/dd)	

<b>Release and discharge</b>		
I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.		
I hereby consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences listed in Schedule 2 of the <i>Criminal Records Act</i> .		
I understand, as a result of giving this consent, if my date of birth and gender is a possible match to a person in a criminal record for one of the sexual offences listed Schedule 2 of the <i>Criminal Records Act</i> in respect of which a pardon was granted or issued, I will be requested to provide fingerprints to confirm that record and that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.		
I hereby certify that the information provided above is true and correct to the best of my knowledge and belief. I hereby authorize the OPP to conduct such searches as are deemed necessary and as I have authorized herein, to obtain the information required to complete this check and disclose such information to me or, if I have so requested, to the third party described above.		
I hereby release and forever discharge Her Majesty the Queen in Right of Ontario, the Commissioner of the OPP and all members, agents, and employees of the OPP from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the collection and/or disclosure or information by the OPP. Furthermore, I waive all rights, present and future, relating to the disclosure of the information set out herein, and I understand that upon disclosure of such information, the OPP and all the aforesaid waive any responsibility for the use, application and/or dissemination of same by me.		
This release and discharge shall apply to and be binding on my heirs, administrators, executors and assigns.		
<input type="checkbox"/> Form LE229 - Declaration of Criminal Record attached	Signature of Applicant	Date (yyyy/mm/dd)

<b>POLICE USE ONLY</b>				
<input type="checkbox"/> Checked for completeness by:	Member ID	Location Code	Receipt Number	Fee received: <input type="checkbox"/> \$

<b>RESULTS FOR NAME-BASED CRIMINAL RECORD VERIFICATION</b>		
<input type="checkbox"/>	NEGATIVE	Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records, including pardoned sex offender records, <b>did NOT</b> identify any records with the name(s) and date of birth of the applicant. <b>Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by FINGERPRINT comparison.</b> Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.
<input type="checkbox"/>	INCOMPLETE	Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records, including pardoned sex offender records, <b>could NOT be completed. Positive identification that a criminal record does or does not exist requires the applicant to SUBMIT FINGERPRINTS to the RCMP National Repository of Criminal Records by an authorized police service or accredited private fingerprinting company.</b> Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.
<input type="checkbox"/>	Confirmation of a criminal record <i>(See attached page(s) for details)</i>	Based solely on the name(s) and date of birth provided and the criminal record information declared by the applicant, a search of the RCMP National Repository of Criminal Records, including pardoned sex offender records, has resulted in a <b>POSSIBLE</b> match to a registered criminal record. <b>Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by FINGERPRINT comparison.</b> As such, the criminal record information declared by the applicant <b>does NOT</b> constitute a Certified Criminal Record by the RCMP. Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.

<b>RESULTS OF FINGERPRINT COMPARISON SEARCH WITH THE NATIONAL REPOSITORY OF CRIMINAL RECORDS</b>	
<input type="checkbox"/>	NEGATIVE - See Attached
<input type="checkbox"/>	POSITIVE – See Attached

<b>RESULTS OF INVESTIGATIVE DATABANK AND LOCAL INDICES RESULTS</b>	
<input type="checkbox"/>	NEGATIVE – No information was revealed that can be disclosed in accordance with federal laws and RCMP policies
<input type="checkbox"/>	POSSIBLE – There may be records held by a local police service that are relevant to screening the applicant. The applicant should contact the police service to determine if the record(s) are relevant to the screening process. Police service _____
<input type="checkbox"/>	POSITIVE – See attached results letter

<b>RESULTS OF POLICE VULNERABLE SECTOR SCREENING ONLY</b>	
<input type="checkbox"/>	A search of pardoned sex offenders was conducted. No information to release.
<input type="checkbox"/>	A search of pardoned sex offenders was conducted. Information authorized for release.
<input type="checkbox"/>	A search of pardoned sex offenders <u>was not</u> conducted.

Date of Search (yyyy/mm/dd)	Member ID and Signature	Total number of pages attached to this form
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HUMAN RESOURCES/  
ADMINISTRATION



85 BAY STREET, PO BOX 1000  
BARRY'S BAY, ON, CANADA  
K0J 1B0  
(613) 756-2747  
1-866-222-8699  
FAX: (613) 756-0553  
www.madawaskavalley.ca

**\* MEDICAL CERTIFICATION \***

Name of Employee

Address of Employee

Occupation/Title

Department

**SECTION 1: (to be completed by the employee)**

1. How much time have you lost in the last two years due to illness and injury? \_\_\_\_\_ days
2. Do you, or have you had any illness, injury or disorder which presently affects/restricts you in any way? Yes / No (Circle One)

If yes, please explain, including any limitations: \_\_\_\_\_

3. Have you ever applied for or received compensation payments due to illness or injury? Yes / No (Circle One)

If yes, please explain: \_\_\_\_\_

4. Do you or have you ever suffered from any chronic condition? Yes / No (Circle One)

If yes, please explain: \_\_\_\_\_

I, the undersigned do hereby certify that the answers to the above questions are correct and give permission to my family physician to forward any related medical information to the municipality. I understand that misrepresentation of any medical information may result in the termination of my employment.

Employee's Signature

Date



**SECTION 2: (to be completed by the employee's Physician)**

Dear Doctor:

Please complete the physician's certification below and return "Confidentially" to the Chief Administrative Officer/Clerk at the above address.

- 1. Is the above-named person physically able to perform the essential duties of the position described in the attachment?    Yes / No (Circle One)
- 2. If not, what are his/her physical limitations?

Date

Physician's Signature

Physician's Name

Physician's Address

**Complete this form if you are requesting proof of medical fitness to comply with the Federal Motor Carrier Safety Administration (FMCSA) requirement.**

The ministry requires you to have this form completed by a physician or nurse practitioner who has knowledge of your medical condition. Completion of this form may require that your physician or nurse practitioner conduct a medical assessment or use recent information on your medical file that has been obtained within the last 3 months.  
To avoid delays in reviewing your form all questions must be completed in full. For additional information, please visit [www.mto.gov.on.ca/english/safety/medical-review.shtml](http://www.mto.gov.on.ca/english/safety/medical-review.shtml).

**Fax completed medical report to: 416 235-3400 or 1 800 304-7889.** Clearly indicate on the fax cover sheet the following, **"This request is for a Medical Confirmation Letter for a G class or D class licence holder operating in the United States"**. You are encouraged to keep a copy of the medical report and fax confirmation for your own records.

Information in this form is collected under the authority of the *Highway Traffic Act*, s. 15, Reg. 340/94, and is used to evaluate fitness to operate a motor vehicle. Direct enquiries to: Ministry of Transportation, Driver Improvement Office, Medical Review Section, 77 Wellesley St. W Box 589, Toronto ON M7A 1N3. Phone: 416 235-1773 or 1 800 268-1481.

Fields marked with an asterisk (\*) are mandatory.

### Driver Information

Driver's Licence Number*			Date of Birth (yyyy/mm/dd)	
Last Name		First Name		Middle Initial
<b>Mailing Address</b>				
Unit Number	Street Number	Street Name		PO Box
City/Town		Province	Postal Code	

### Driver's Certificate and Release of Information

I certify that the foregoing information is to the best of my knowledge correct and agree to this report and any future report from this examination only being given to the Ministry of Transportation.

**The cost of any examination and for the completion of this form by your physician or other health care provider is not a benefit of OHIP and not the responsibility of the Ministry of Transportation and must be paid for by the applicant.**

Business Telephone Number	Home Telephone Number	Signature	Date (yyyy/mm/dd)
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### Complete Health History

To be completed in full by examining physician or specialist or Nurse Practitioner. **Yes** answers should be explained on the reverse side under History Details.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Diseases of Senses (deafness, vertigo, visual deficiencies, etc.)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Cardiovascular Diseases (heart failure, angina, infarction, embolism, arrhythmia, syncope, surgery, etc.)                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Respiratory Diseases (asthma, chronic bronchitis, emphysema, chronic obstructive pulmonary disease, etc.)                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Diseases of the Musculo-Skeletal System (Fracture(s) or Amputation, Arthritis, etc.)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Metabolic Diseases (Diabetes (+) (-), Hypoglycemia, Thyroid, etc.)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Psychiatric Disorders (Psychoneurosis, Psychosis, etc.)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Addictions (Alcohol, Sedatives, Tranquillizers, Narcotics, etc.)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Other Diseases (Blackouts, Fainting Spells, Anemia, Cancer, Sleep Disorders, etc.)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Neurological Diseases (Seizures, Cerebrovascular Diseases, Parkinson's Disease, Multiple Sclerosis, Dementia, Head Injury, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Date of Most Recent Seizure (yyyy/mm/dd)	Date of Examination (yyyy/mm/dd)
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## History Details

### 1. Eyes

Eye	Acuity without corrective lenses	Acuity with corrective lenses	Horizontal Field of Vision	
Right	20/ _____	20/ _____	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted
Left	20/ _____	20/ _____	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted
Both eyes together	20/ _____	20/ _____	<input type="checkbox"/> Normal	<input type="checkbox"/> Restricted

### 2. Hearing

Class B, C, E, F *Highway Traffic Act* standard; Hearing loss in better ear with/without hearing aid, no greater than 40 decibels at 500, 1,000 and 2,000 hertz. Class A, D must meet if operating in U.S; Hearing loss in better ear with/without hearing aid, no greater than 40 decibels averaged at 500, 1,000 and 2,000 hertz

Does hearing meet standards?

☐ Yes

☐ No

Are hearing aids required?

☐ Yes

☐ No

### 3. Heart

Apical Rate	Murmurs	Rhythm	Blood Pressure
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### 4. Locomotor

Upper Extremity	Lower Extremity	Neck and Lumbar
-----------------	-----------------	-----------------

### 5. Chest/Abdomen

### 6. Urinary

Urine Protein	Glucose
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### 7. Diabetes

☐ Yes ☐ No

Type

Treatment

☐ Diet alone

☐ Oral medication - amt per 24hrs. \_\_\_\_\_

☐ Insulin - amt per 24 hrs. \_\_\_\_\_

### 8. Hypoglycemia

Has the patient had a reported episode of severe hypoglycemia requiring outside intervention in the past 6 months?

☐ Yes

☐ No

Loss of Consciousness?

Decrease in cognition, etc.

### 9. Neurological

Gait and Stance	Reflexes	Tremor	Coordination
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### 10. Evidence of Emotional Disorder

Instability

☐ Yes

☐ No

Neurosis

☐ Yes

☐ No

Psychosis

☐ Yes

☐ No

### 11. Addictions. If yes to Q7 on reverse please specify

Period of Abstinence	Alcoholism	Drug Habituation
< 6 months	<input type="checkbox"/>	<input type="checkbox"/>
6 to < 12 months	<input type="checkbox"/>	<input type="checkbox"/>
≥ 12 months	<input type="checkbox"/>	<input type="checkbox"/>

History Details and Summary (additional comments or information to take into consideration e.g. diagnosis, prognosis, treatment, date condition resolved, etc.)

### Physician's Signature

☐ Family Physician and/or Treating Physician

☐ Nurse Practitioner

☐ Specialist (Specify) \_\_\_\_\_

How long has this person been your patient?

Physician/Nurse Practitioner's Name

Last Name

First Name

Middle Initial

### Address

Unit Number

Street Number

Street Name

PO Box

City/Town

Province

Postal Code

Signature

Date (yyyy/mm/dd)

HUMAN RESOURCES



Form A-07 & A-08

85 BAY STREET, PO BOX 1000  
BARRY'S BAY, ON, CANADA  
K0J 1B0  
(613) 756-2747  
1-866-222-8699  
FAX: (613) 756-0553  
www.madawaskavalley.ca

**DECLARATION**

I \_\_\_\_\_, a prospective employee/volunteer of  
the Township of Madawaska Valley declare that since my Criminal Record Check dated  
\_\_\_\_\_ I have not:

- (a) been charged under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada) and the outcome of the charge;
- (b) had an order of a judge or justice of the peace made against me in respect of an offence under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada), including a peace bond, probation order, prohibition or warrant;
- (c) had a restraining order made against me under the *Family Law Act* or the *Children's Law Reform Act*; or,
- (d) been convicted under the *Criminal Code* (Canada), the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada).

I understand that if I have falsely presented the above information, it will result in termination of my employment/volunteer placement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

HUMAN RESOURCES/  
ADMINISTRATION



85 BAY STREET, PO BOX 1000  
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### VOLUNTEER/STUDENT CONFIDENTIALITY STATEMENT

*Pursuant to Section 47(c) of the Municipal Freedom of Information and Protection of Privacy Act and Ontario Regulation 823.*

I, \_\_\_\_\_, am an employee working in the \_\_\_\_\_  
\_\_\_\_\_ Department of the Corporation of the Township of  
Madawaska Valley as a/an \_\_\_\_\_  
\_\_\_\_\_.

**I HEREBY ACKNOWLEDGE AND UNDERSTAND** the following:

**THAT** the *Municipal Freedom of Information and Protection of Privacy Act* provides standards for and requires administrative, technical and physical safeguards to ensure the security and confidentiality of records and personal information under the control of the Corporation of the Township of Madawaska Valley.

**THAT** *Ontario Regulation 823* intends to apply access and security considerations in the day-to-day administration of an institution's records and requires measures be taken to prevent unauthorized access to an institution's records.

**I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT** in the course of carrying out my duties, I will have access to and will be dealing with records containing confidential information and/or personal information which reveals the identity of the person who is the subject of the record or the identity of a person who has provided information about the subject of the record.

**I HEREBY AGREE** to hold such information confidential and, except as may be legally required, will not disclose or release it to any person at any time without proper consent or authorization.

**I FURTHER AGREE** to take appropriate security measures to prevent unauthorized access to confidential information.

DATED at Township of Madawaska Valley, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Volunteer/Student Signature

\_\_\_\_\_  
Witness