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| http://nebula.wsimg.com/58339aa1b74bb8411fbc962fc26e8976?AccessKeyId=A56382D5F148D79BD23A&disposition=0&alloworigin=1 | **O.U.R. Center***Opportunity, Understanding, Respect* |

**Annual Contract Worker/ Volunteer Declaration**

I hereby declare to the following:

1. I do not have a criminal record, including occurrence reports in which I am listed as the suspect, as well as a youth record, with any police department provincially, nationally or in any other country. I am not currently the subject of any criminal investigation and have not been pardoned for any criminal offense. \_\_\_\_\_\_\_ (Intl.)
2. My driver’s abstract is free and clear of any new violations. \_\_\_\_\_\_\_ (Intl.). If you have new violations please list them \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. I do not have a child welfare record as an adult over the age of 18 years [as a client, caregiver, applicant, etc.] with any child welfare agency provincially, nationally or in any other country. \_\_\_\_\_\_\_ (Intl.)
4. I am current with my First Aid and CPR level C or equivalent training. \_\_\_\_\_\_\_ (Intl.). My First Aid and CPR expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date).
5. I am current with my Crisis Intervention Training (Safe Management, NVCI, CPI, etc.). \_\_\_\_\_\_\_ (Intl.). My Crisis Intervention Training expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date).
6. I adhere to the Confidentiality Letter of Agreement, Electronic Security Policy and Policy & Procedures for Our Center Fostering. \_\_\_\_\_\_\_ (Intl.)
7. I am and agree to continue to adhere to the Child Abuse Policy. \_\_\_\_\_\_\_ (Intl.)
8. I am and agree to continue to adhere to the Code of Ethics. \_\_\_\_\_\_\_ (Intl.)

**Policy Sign off Sheet**

**All of the following Policies are found in the E-Training Modules and in the OUR Center Foster Care Manual. Please complete this sheet on an annual basis.**

**1.** I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have had an opportunity to review the **O.U.R. Center Policies and Procedures Manual** on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) and have discussed all questions and concerns with the Director. I acknowledge that these questions and concerns have been answered to my satisfaction.

\_\_\_\_\_

Initial

**2.** I have reviewed the **specific** policies relating to **Acceptable and Unacceptable Disciplinary Practices** including discipline, punishment and isolation as established by the MCYS and O.U.R. Center Policies and Procedures on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I acknowledge that any questions and concerns have been addressed to my satisfaction and feel comfortable in raising any other questions in future.

\_\_\_\_\_

Initial

**3.** I have reviewed the **specific** policies relating to **Duty to Report** as established by the MCYS and O.U.R. Center Policies and Procedures on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I acknowledge that any questions and concerns have been addressed to my satisfaction and feel raising any other questions in future.

\_\_\_\_\_

Initial

**4.** I have reviewed the specific policies relating to **Medication Policy (safe administration, storage and disposal)** as established by the MCYS and O.U.R. Center Policies and Procedures on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I acknowledge that any questions and concerns have been addressed to my satisfaction. **I have also taken the online Psychotropic Medication training.**

\_\_\_\_\_

Initial

**5.** I have reviewed the specific policies relating to **Communication and Transfer of Medications Information**as established by the MCYS and O.U.R. Center Policies and Procedures on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I acknowledge that any questions and concerns have been addressed to my satisfaction.

\_\_\_\_\_

Initial

**6.** I have reviewed the **specific** policies relating to **Cultural Competency** as established by the MCYS and O.U.R. Center Policies and Procedures on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I acknowledge that any questions and concerns have been addressed to my satisfaction. **I have also taken the O.U.R. Center online training.**

\_\_\_\_\_

Initial

**7.** I have reviewed the **specific** policies relating to related to **Serious Occurrence Reporting** as established by the MCYS and O.U.R. Center Policies and Procedures on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I acknowledge that any questions and concerns have been addressed to my satisfaction. **I have also taken this with OUR Center online training.**

**\_\_\_\_\_**

Initial

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 Contract Worker/ Volunteer Name ContractWorker/ Volunteer Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date