



PRACTICUM AGREEMENT

This agreement applies to all sites at which I may work on behalf of the Sisters of St. Joseph including St. Joseph's Health Care, London. I understand that as a volunteer, services will be performed without monetary compensation.

I understand that I may become aware of confidential, sensitive, and private information during my volunteer service with the Congregation of the Sisters of St. Joseph in Canada. I understand that I must not disclose this information or use it without the consent of the party concerned. I further understand that I am expected to have a respectful attitude toward the Sisters as I am volunteering in their home, which extends to sharing information about my volunteer experience with others.

I understand that the ownership and copyright on all material created because of my work as a volunteer, including photographs and published materials, belongs to the Congregation of the Sisters of St. Joseph in Canada.

I understand that I am expected to wear appropriate business workplace clothes and closed toe shoes which provide safe and secure footing and protection against workplace hazards. I understand that the use of fragrances will be kept to a minimum for the comfort of others. I understand that I should not attend work if I am ill. I further understand that I am expected to have all my COVID-19 vaccinations up to date, including boosters. I understand that I may be requested to get a flu shot if I am working with vulnerable or elderly people, and to wear an N95 mask.

I understand that I may be asked to get a criminal records check.

I understand that the Congregation of the Sisters of St. Joseph in Canada will provide the necessary supplies and equipment needed for my volunteer tasks.

I understand that I may stop volunteering when I choose but will try to give as much notice as possible. I understand that I may expect to work only the hours which are arranged in advance, and to receive supervision, support, training, and employment references in return. I understand that if I have any problems, concerns, or grievances, these should be addressed to my supervisor.

Signature of Volunteer

Date

Signature of Witness

Date