



City of Belleville
 Recreation, Culture, and
 Community Services Department
 265 Cannifton Road
 Belleville, Ontario K8N 4V8
 Phone: 613-966-4632
 Fax: 613-967-3207

ACCESSIBILITY ACCOMMODATION PLAN

Please print all information.

Date: _____ Form Completed by: _____

Program Name: _____ Program Date(s): _____

General Information:	
Participant's Name: _____	Date of Birth: Day____ Month____ Year____
Parent/ Guardian Name: _____	
Address: _____	Phone # (Home): _____
	Phone # (Work): _____
E-mail Address: _____	
Request for Accommodation:	
Does the participant require a disability based accommodation? 	
Who can assist with the implementation of this accommodation (parent/guardian, staff, specialist, etc.)? 	
Accessibility Considerations:	
Please share any additional information/details to assist the participant in having a positive experience in this program so we understand the accommodation goals? 	
Please share any relevant restrictions, or limitations, and/or specific activities that require accommodation? 	
Roles, responsibilities, and any additional emergency response information for the participant involved? 	
Will the participant be accompanied by a support person, a service animal, or other assistive device? 	
If yes, please specify the ratio of support workers: participants involved and complete the Support Person section below. 1:1 1:2 1:3 1:4 1:5+	
Accessibility Volunteer / Support Person:	
Support Person's Name: _____	
Address: _____	Phone # (Home): _____
	Phone # (Work): _____
	E-mail Address: _____
NOTE: Please have the Support Person listed above complete our "Accessibility Volunteer" form (with the exception of CHS interpreters).	
Meeting/Decision Notes:	
Have the needs, limitations and accommodation goals been clearly communicated by the participant? Has the participant discussed possible accommodation solutions with staff? 	

The information collected on this form is collected in accordance with the Personal Information Protection and Electronic Act (PIPEDA) and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). This information will only be used for the program named on this form.

Date (day/month/year): _____ Signature: _____

(Participant or Parent/Guardian if participant is under 18 yrs.)

Application

The City of Belleville is an Equal Opportunity Employer and supports the spirit and intent of the Ontario Human Rights Code.



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Please print all information.

ACCESSIBILITY VOLUNTEER POSITION APPLICATION

NAME: _____ TELEPHONE NO.: _____

ADDRESS: _____

Have you ever previously been employed by the City of Belleville? If "yes," please state when and in what department,

PERIOD OF EMPLOYMENT: _____ DEPARTMENT: _____

POSITION: _____

EDUCATION:

		Field of Study/Courses:	Certificate/Diploma Received:	Completion Date:
EDUCATION	Technical/Vocational			
	College/University			
	Additional Qualifications			

VOLUNTEER EXPERIENCE:

1. Organization: _____
Date: From: _____ To: _____
Duties: _____

EMPLOYMENT EXPERIENCE:

1. Employer: _____
Date: From: _____ To: _____
Duties: _____

REFERENCES:

- 1. Name: _____ Relation _____ Phone # _____
- 2. Name: _____ Relation _____ Phone # _____
- 3. Name: _____ Relation _____ Phone # _____

PLEASE DESCRIBE ANY ADDITIONAL EXPERIENCE AND/OR QUALIFICATIONS BELOW:

NAME OF THE CLIENT(S) YOU WILL BE SUPPORTING:

- 1. Name: _____ Program: _____ Phone # _____
- 2. Name: _____ Program: _____ Phone # _____
- 3. Name: _____ Program: _____ Phone # _____

IT IS REQUIRED BY THE CITY OF BELLEVILLE THAT ALL PERSONS WORKING FOR OUR PROGRAMS THAT MAY INVOLVE CONTACT WITH CHILDREN OR YOUTH MUST HAVE A RECENT POLICE CHECK AND VULNERABLE SECTOR SCREENING COMPLETED AND FILED WITH OUR DEPARTMENT.

PLEASE CHECK ONE OF THE FOLLOWING:

- I have attached a copy of a Police Check (along with a clear Vulnerable Sector Screening) to this form.
- I am currently in the process of having a Police Check completed and will submit it as soon as possible.

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I sign below giving the City of Belleville permission to verify all of the above information. I understand that if I falsified statements on this application it will be considered cause for dismissal from the position.

Signature of Applicant

Date

Please submit this form and the required documentation to the Recreation Program Supervisor.

OFFICE USE:

Volunteer's Supervisor: _____

Documentation Completed: _____

Orientation Completed: _____

CITY OF BELLEVILLE

EXPECTATION OF RECREATION SUPPORT WORKERS

JOB TITLE: Recreation Accessibility Support Worker - Volunteer

PRIMARY PURPOSE: To provide support to your designated participant within the City of Belleville's recreation programs and to ensure a positive experience.

Expectations to be followed:

1. Responsible for the safety and supervision of the participant that they have been designated to.
2. The support worker must be present during the entire duration of the program (unless alternate arrangements have been discussed with the Program Supervisor and approved).
3. Support workers are expected to participate in all program activities (this includes swimming and trips for camp programs) and ensure the rules and regulations set out by the Department are followed.
4. Acting as a resource for the staff person(s) of the program to ensure a positive experience for ALL parties involved (including staff and other program participants) by communicating tips and best practices for the staff to use.
5. Responsible for communicating any changes to behaviours, daily activities, schedules, etc. to the staff involved.