



Five Oaks Duty of Care Policy

I attest that I and my staff/volunteers for our program at Five Oaks have read the Five Oaks Duty of Care policy documents (available online at www.fiveoaks.on.ca)

I will ensure these are implemented as applicable during the program (name of program) :

On (dates of program):

We have provided proof of vulnerable sector screening if it has been requested by Five Oaks staff.

YES

Not requested

Name

Date

Signature

The following individuals who have worked with or supervised me in a similar capacity have agreed to be contacted as references:

Name

Email

Phone number

Position
