

AODA Volunteer Compliance Statement Form

I certify that I am in **full compliance** with the Integrated Accessibility Standards Regulation (Ontario Regulation 191/11) under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA) and have been provided the necessary training in accordance with the requirements of Section 7 and 80.49 of Ontario Regulation 191/11.

I hereby acknowledge that as part of my participation and involvement as a volunteer, unpaid student, or member of a board or committee, that I have been made aware of Norfolk County's Accessibility Policy and related procedures and practices. I hereby express my understanding that the training which I have indicated as completed below included the following content:

1. A review of the purpose and requirements of the Accessibility for Ontarians with Disabilities Act and the Human Rights Code;
2. The requirements of the Integrated Accessibility Standards Regulation

Indicate the type of training completed:

- On-Line / E-Learning Training Date: _____
[Access Forward](#)
- Norfolk County AODA Workbook Date: _____
- Presentation / Training Session Date: _____
(Norfolk County Training)
- Previously Completed Training Date: _____
(Employer/Other Volunteer Capacity)
Organization that training was completed with: _____

Name: _____ Position: _____
(volunteer, unpaid, student, member of board or committee)

Department: _____ Phone: _____
(department which you are reporting too)

Address: _____

Town/City: _____ Postal Code: _____

Signature: _____ Date: _____

For further information please contact Norfolk County's Supervisor, Accessibility
Compliance and Customer Communications:

Phone: 519-426-5870 | 519-582-2100 | 519-875-4485 Ext 1268

Fax: 519-426-8573

Email: accessibility@norfolkcounty.ca

Website: www.norfolkcounty.ca/government/accessibility/

Address: 185 Robinson St, Suite 100 Simcoe, ON N3Y 5L6

Provide a copy of the completed AODA Volunteer Compliance Statement Form to the:

Supervisor, Accessibility Compliance and Customer Communications

Date: _____

