



CLEARVIEW

Accessibility for Ontarian with Disabilities Act (AODA)

Training for Volunteers

Volunteer Name: _____
(Please print clearly)

Please indicate which Committee / Board you volunteer for: _____

I understand that as a Volunteer for Clearview Township, I am required to complete AODA training as required by legislation. **I have completed the following on-line training modules:**

Training module for **Human Rights**

<http://www.ohrc.on.ca/en/learning/working-together-code-and-aoda>

Training modules for **Integrated Accessible Standards Regulation**

<http://www.accessforward.ca/>

- ✓ General Requirements Training
- ✓ Information and Communication Standard
- ✓ Employment Standard Training
- ✓ Transportation Standard Training
- ✓ Design of Public Spaces Training
- ✓ Customer Service Standard Training

I have also reviewed the following Clearview Township policies:

<http://www.clearview.ca/home/municipal-services/accessibility>

Corporate
Accessibility Policy

Accessible Procurement
in Clearview

Accessible Buildings &
Outdoor Spaces

Accessible Information &
Communications Policy

Signed: _____

Date: _____

Upon completion, please forward this form to Human Resources or the Clerk's Office.