



PARKDALE FOOD CENTRE NEIGHBOUR TO NEIGHBOUR

Volunteer/Student Name: _____

Program: _____

Supervisor Name: _____

Full COVID-19 vaccination is required to volunteer at Parkdale Food Centre locations, representing Parkdale Food Centre, or with any of its programs.

Please indicate your vaccination declaration below:

YES – I received a currently authorized COVID-19 vaccine (dose 1) on this date at this location:

Date of immunization:

____ - ____ - ____
YYYY MM DD

Location where immunization was received:

- Community Clinic
- Physician office
- Pharmacy
- Other

Provider address: _____

YES – I received a currently authorized COVID-19 vaccine (dose 2) on this date at this location:

Date of immunization:

____ - ____ - ____
YYYY MM DD

Location where immunization was received:

- Community Clinic
- Physician office
- Pharmacy
- Other

Provider address: _____

Personal Information on this form is collected on this form under the authority of the Health Protection and Promotion Act and the authority of the PFC Covid-19

Immunization Policy. Any medical information is kept in accordance with privacy best practices. Questions about the policy or use of your personal information may be directed to the Executive Director *by email karen@parkdalefoodcentre.org*