

How to Use this Document

This Word document is a tool for non-profit organizations providing essential services with the support of volunteers. During the Province's [Stay-At-Home Order](#), you may want to provide the letter found on the next page to your volunteers as proof of their essential role.

To complete the letter, replace the areas **highlighted in yellow** with information specific to the volunteer's role and your organization's branding. You can then save and email the letter, or print it for your essential volunteers.

Please note that your volunteer may need additional proof to acknowledge their essential duties. This template is not a guarantee that they will not be found in violation of the Stay-At-Home order. Instead, this template provides an example of the kind of information that may be useful if a volunteer is stopped or questioned about leaving their home.

Your Organization Name

Your Organization Address + Phone Number

Date

Confirmation of Essential Volunteering

To whom it may concern,

In accordance with Ontario Stay-at-Home Regulation 11/21, volunteers providing an essential service are permitted to leave their residence and volunteer at our organization.

_____ (volunteer name) is a _____ (volunteer title, if applicable)
volunteer for _____ (organization name).

Our organization is permitted to remain open under the Government of Ontario's approved list.

We: (choose any that apply from approved list below)

- Deliver home care services or personal support services to seniors and persons with disabilities
- Provide health care including retirement homes, hospitals, clinics, long-term care facilities, independent health facilities and mental health and addictions counselling supports
- Provide critical personal support services in home or residential services for individuals with physical disabilities
- Support the provision of food, shelter, safety or protection, and/or social services and other necessities of life to economically disadvantaged and other vulnerable individuals

While volunteering with _____ (organization name), this volunteer will follow all necessary health and safety protocols and observe physical distancing requirements. We have deemed this volunteer critical to our work and mission and confirm that they support in-person essential services. We ask that you allow the holder of this letter to proceed to and from their location.

If you have any questions or concerns, please call _____.

Sincerely,

(Organization contact)

(Organization name)

(Contact information)

[insert your organization's logo]