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Volunteer Registration Form for Volunteers And Volunteer Community Coaches

Parkland School Division No. 70 appreciates the services of all its volunteers. In order to ensure the safety of Division students, all volunteers in our schools need to be registered. A volunteer is someone who assists the school and/or students in curricular and/or extracurricular activities. It does not include Division employees from other schools, guest speakers, presenters, special visitors to the school, or school council members in their position as school council members.

Please complete this form to enable the school in which you are volunteering to exercise control over who should or should not be involved with the children. The information collected on this form will be held in confidence as required by the Freedom of Information and Protection of Privacy Act.

If you are under 18 years of age, your parent or guardian must sign this form.

Name of School: _____

Name of Coaching Activity (if applicable) _____

Name:

Mr./Mrs./Ms. _____
(Surname) (Given Names)

Address: _____

Telephone No.: _____ **Email:** _____

Do you have siblings, children or grandchildren registered in this school?

Yes ____ No ____

If yes, please list by name and grade:

Name	Grade
_____	_____
_____	_____
_____	_____

Please provide the names of two references that can be contacted by the school.

Name	Contact #
_____	_____
_____	_____

Have you completed a criminal record check? Yes ____ No ____

Please be advised the Board requires that a Criminal Record Check for volunteer community coaches be provided to the school. Prospective volunteers shall be provided with a letter (Request to Waive Fees for Criminal Record Check Form) explaining the purpose of the criminal record check.



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Volunteer Community Coach Orientation Verification

I, _____, attest I have had the opportunity to review with the school principal (or designate) issues related to being a volunteer community coach for _____ at the school. The orientation included discussion of the following (please check):

- School philosophy regarding participation of students (i.e. selection, playing time, behaviour expectations, etc.)
- Use of school facilities and equipment
- Supervision expectations
- Discipline and referral procedures
- Communication with parents
- Finances and fund-raising
- Transportation procedures
- Possible in-service opportunities
- Other (Please Identify: _____)

ACKNOWLEDGEMENT:

By signing this verification, I signify I understand the school's positions with regard to the above issues, and agree to adhere to those positions through my involvement with students involved in the activity.

Signature

Date

WITNESS:

Name: _____
(Please print)

Signature

Date



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Volunteer Confidentiality Form

Name of Volunteer: _____

School: _____

DECLARATION OF CONFIDENTIALITY

I promise that I will maintain confidentiality with respect to information regarding all students or employees of Parkland School Division No. 70. I understand that disclosure on my part of any such privileged information may be cause for the removal of my status as an approved volunteer in Parkland School Division schools.

IN WITNESS WHEREOF this _____ day of _____, 20____, I hereby acknowledge that I have read, understand and accept the above responsibility as a Parkland School Division volunteer.

Signature: _____

WITNESS:

Name: _____
(Please print)

Signature: _____



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Request to Waive Fees for Criminal Record Check

Date _____

Please be aware that _____ has applied for a position
as a _____
Name of applicant

Volunteer with _____. According to the policy of
Name of School

Parkland School Division, all applicants for such positions must provide the results of a Criminal Record Check.

In acknowledgement of our work as a non-profit organization, we request that you waive the fee for this service. If you have any questions in regard to this request please contact the undersigned at the number below.

Thank you for your assistance in this matter.

Yours truly,

Signature

Name of Principal/Designate

Phone: _____

Fax: _____

**Note to applicant:
This form must be presented to your local police department
with photo identification.**