



Office Use Only
If required, date of Criminal Record Check (CRC):

(update every 5 years)

Volunteer Application

Thank you for expressing interest in volunteering in our district/school.

School: _____

Name: _____
Last First Initial

Address: _____
Street City/Province Postal Code

Telephone: _____

1. I am the parent/guardian of a student(s) in this school. No Yes

Student(s) first and last name(s): _____

2. Areas of Expertise and Interest (*Attach all applicable certifications)

- | | |
|---|---|
| <input type="checkbox"/> Tutoring
(subjects) _____ | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Food Days |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Library |
| <input type="checkbox"/> Coaching (sports) | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Classroom Help |
| <input type="checkbox"/> Special Events | |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> _____ | |

Times Available: _____

3. Additional Information

I agree to a reference check and/or criminal record search as the principal of the school deems necessary. Yes No

Please provide the name and telephone number of two character references that may be contacted.

Name _____ Telephone Number _____

Name _____ Telephone Number _____

I have already had a criminal record check done at a Maple Ridge-Pitt Meadows school. Yes No

School _____ Date: _____

If you know of any reason why you should not participate as a volunteer where you will be in contact with children (e.g. health reasons), please contact the principal.

Guidelines for Volunteering

- Remember that everything you hear or see regarding the students is confidential.
- If you cannot make your scheduled time please let us know.
- Treat all members of our school community with respect.
- Please wear your name tag while on the school grounds and in the school.
- When you are working under a staff member's direction you must consult with that staff member before initiating activities.

As a volunteer in our school, you are in a position of trust and as such, it is essential that privacy and confidentiality are maintained. Our children's safety is of prime concern to us. If children's safety or trust is compromised, it will be necessary to ask you not to be a volunteer in our school.

[] The information given in this form is true and correct and I understand that falsification or omission of information may result in my removal as a volunteer. I have read and agree to follow the guidelines described above. The principal may contact my references.

[] I have read, I understand and I agree to follow Policy 10310 Volunteers and the procedures associated with it.

Applicant's Signature: _____

Date: _____

Office Use Only

<input type="checkbox"/> Reference Check completed (complete for volunteers unsupervised by staff, principal's decision for volunteers supervised by staff)
<input type="checkbox"/> Criminal Record Check on file (if needed)
<input type="checkbox"/> Confidentiality, volunteer responsibilities discussed
<input type="checkbox"/> Orientation meeting
<input type="checkbox"/> Parent/Guardian verified - application approved while child(ren) enrolled at the school
<input type="checkbox"/> Non Parent/Guardian - application approved for one school year. Expiry Date: _____

PRINCIPAL OR DESIGNATE APPROVAL:

Signature

Position

Date