



**Office Use Only:**  
 If required, date of Criminal Record Check (CRC):  
 \_\_\_\_\_  
 (\*update every 5 years)

## VOLUNTEER APPLICATION & CONSENT FORM

Thank you for expressing interest in volunteering in our school district. As per [SD42 Board Policy: 10310 “Volunteers”](#), the Board of Education recognizes that volunteers provide significant services to students and the school community and authorizes their use. In order to be considered as a volunteer in our schools, please fill out the following information listed below and hand in to your school office for review and consideration.

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"/> Special Events	<input type="checkbox"/> Classroom Help
<input type="checkbox"/> Other _____	

Times Available: \_\_\_\_\_

3. Additional Information:

I agree to a reference check and/or criminal record search as the principal of the school deems necessary. (Criminal Records checks are MANDATORY for volunteer community coaches).  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 you are submitting on this form is collected under the authority of the School Act and the BC Freedom of Information and Protection of Privacy Act (FIPPA). This information is to be used by School District No. 42 (Maple Ridge – Pitt Meadows) for the purpose of selecting qualified volunteers who will benefit the schools when volunteering in our school programs and school-sponsored activities and allowing the school principals to successfully screen and assess suitability of each volunteer in order to ensure the safety, privacy and confidentiality of its students. If you have any questions or concerns about the collection, use or disclosure of the personal information collected on this form please email [privacy@sd42.ca](mailto:privacy@sd42.ca).

Please review and confirm consent below with your initials:

I acknowledge that I have read, understand and agree to the above and give my consent to the collection, use and disclosure of the personal information on this form for the above purposes.

I acknowledge that I have read, understand and agree to follow the SD42 Board Policy 10310 - Volunteers and SD42 Board Procedures 10310.1 (Volunteers), 10310.2 (Volunteer Drivers), 10310.3 (Volunteer Community Coaches).

I acknowledge, understand and agree that 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.

In consideration of School District No. 42 (Maple Ridge-Pitt Meadows) ("School District") approving my services as a volunteer for the school district, and to the fullest extent permitted by law, I agree to waive and release the school district, the Ministry of Education and its and their officers, employees, board members, agents, volunteers and representatives ("Releasees"), of and from any and all claims, expenses, costs, damages or liabilities that I may incur and related to my services as a volunteer arising out of any cause whatsoever including negligence (the "Claims"). I further agree not to bring or cause any other person to commence legal proceedings seeking recovery for any such Claims from the Releasees, or any one or more of them.

**ACCEPTED BY:**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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- Reference Check completed (complete for volunteers unsupervised by staff, principal's decision for volunteers supervised by staff)
  - Criminal Record Check on file (if needed). (Required if it is anticipated that the volunteer may have unsupervised access to the students. Criminal record checks are **mandatory** for volunteer community coaches).
  - Confidentiality: volunteer responsibilities and guidelines discussed. (Volunteers are to act consistently with the requirements of school district policies and FIPPA guidelines. Student's personal information should not be collected, used or disclosed inappropriately and privacy and confidentiality must be maintained at all times, including after their volunteer service has ended. Personal devices are not to be used for taking photos of students)
  - Orientation meeting
  - Parent/Legal Guardian verified – application approved while child(ren) enrolled at the school
  - Non-Parent/Legal Guardian - application approved for one school year.
- Expiry Date: \_\_\_\_\_

PRINCIPAL OR DESIGNATE APPROVAL:

_____ Signature	_____ Position	_____ Date
_____ (Printed Name)	_____	_____

**VOLUNTEER DOCUMENTATION - REVIEW & RETENTION POLICY:**

**Volunteer Application & Consent form:**

As listed above, for Parent/Legal Guardians who have been verified, this documentation is approved while child(ren) are enrolled at the school. For Non-Parent/Legal Guardian, this documentation is approved for one school year.

**Retention Period:**

All documentation related to the volunteer's history including application form, interview notes, criminal record check (if required), driver's abstracts will be held in a confidential file in the office of the Principal or Program Manager for a period of 7 years after the end of the volunteer service. (SD42 Board Procedure 10310.1(5))