



4603 – 48 Street T 780 963 4010  
Stony Plain, AB F 780 963 4169  
T7Z 2A8

## Volunteer Registration Form for Volunteers and Volunteer Community Coaches

(Administrative Procedure 490 – Volunteers)

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 Volunteer with  
Name of Applicant  
\_\_\_\_\_. According to the policy of Parkland School Division, all applicants  
Name of School  
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.**