

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

Volunteer Registration Form for Volunteers and Volunteer Community Coaches

The Parkland School Division 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) Address:		n Names)	
Telephone #: Er	mail:		
Do you have siblings, children or grandchildren registere	d in this school? Yes	No	
If yes, please list by name and grade:			
Name		Grade	
	<u> </u>		
Please provide the name of two references that can be o	ontacted by the school.		
Name		Contact #	
Have you completed a criminal record check?	Yes	No	

Please be advised the Board requires the following: volunteer community coaches require a Criminal Record Check with Vulnerable Sector. Regular school based volunteers require a standard Criminal Record Check. Criminal Record Checks have to be provided to the school. Prospective volunteers shall be provided with a letter (Request to Waive Fees for Criminal Record Check Form) explaining the purposes of the criminal record check.

Date

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Volunteer Community Coach Orientation Verification

	, attest I have had the oppo		
_	ate) issues related to being a volunteer community co		at the school.
The ori	entation included discussion of the following (please	check):	
	School philosophy regarding participation of student Use of school facilities and equipment Supervision expectations	s (i.e. selection, playin	g time, behaviour expectations, etc.)
	Discipline and referral procedures		
	Communication with parents		
	Finances and fund-raising		
	Transportation procedures		
	Possible in-service opportunities		
	School Safety Orientation/OH & S (what to do if injur	ed)	
	Other(Please Identify):		
By sign	DWLEDGEMENT: ing this verification, I signify I understand the school of adhere to those positions through my involvement	-	
By sign	ing this verification, I signify I understand the school on adhere to those positions through my involvement	-	
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By sign agree t Signat Date	ing this verification, I signify I understand the school to adhere to those positions through my involvement ture SS: (Please Print)	-	



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Volunteer Confidentiality Form and Inherent Risk

Name of Volunteer:	
School:	
The Parkland School Division	ENTIALITY in confidentiality with respect to information regarding all students or employees of on. I understand that disclosure on my part of any such privileged information may f my status as an approved volunteer in The Parkland School Division schools.
unpredictable and the need has the potential for causin an alternate staff member are expected to cooperate	staff/volunteers to be injured by a student. Student behavior can be somewhat ds of students are not always known. Some students may become aggressive, which ag injury. As a volunteer, you are to avoid physical contact and re-direct all risks to including an Education Assistant, Teacher and or Principal/Assistant Principal. You in ensuring workplace health and safety in a caring and respectful education esignate of the school will discuss how to react.
not directly intervene when with direction on how to co IN WITNESS WHEREOF this	TRISK cknowledge the Inherent Risk Clause. As a volunteer, I will adhere to the clause and an inherent risk is encountered. The Administration of the school has provided me onduct myself while in the school and safety protocol has been provided. day of, 20, I hereby acknowledge that I have read, above responsibility as a Parkland School Division volunteer.
Volunteer Name:	(please print)
Signature:	(piease print)
Witness Name:	(please print)
Signature:	
Principal Name:	(please print)
Signature:	



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Request to Waive Fees for Criminal Record Check

Date:	
Please be aware that(Name of Appl	has applied for a position as a Volunteer with
	. According to the policy of The Parkland School
(Name of School) Division, all applicants for such positions m	nust provide the results of a Criminal Record Check.
Division, an applicants for sach positions in	ast provide the results of a criminal necord check.
•	a Community Coach and/or volunteering on an overnight field trip e Sector to be completed as well. There is a high possibility of this rity over our students.
☐ Vulnerable Sector required	
Initials of Principal/Designate Requesting Vulnerable Sector	
	profit organization, we request that you waive the fee for this to this request please contact the undersigned at the number
Thanks you for your assistance in this matte	r.
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.