

Volunteer Information

The following information will be used by the school administration in matching your talents and interest with the volunteer opportunities at the school.

Name: _____

Address: _____

Phone (Home): _____ (Work/Mobile): _____

How would you prefer to be addressed by students: _____

Do you have any children or family members in this school? Yes No

If yes, please indicate their name(s) below:

Name: _____ Grade/class: _____

Name: _____ Grade/class: _____

Why do you wish to become a volunteer?

With what grade level(s) do you prefer to volunteer your time:

Kindergarten 1-3 4-6 7-8 9-10 11-12 N/A

Availability: Please indicate day(s) and time(s) preferred in the table below.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Other					

Approximately how many hours a week do you wish to volunteer? _____

Volunteer interests: (Select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Classroom assistant | <input type="checkbox"/> Clubs/events | <input type="checkbox"/> Bus/recess duty |
| <input type="checkbox"/> Tutoring/mentoring | <input type="checkbox"/> Field trip supervisor | <input type="checkbox"/> Coach sports |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Help with food program | <input type="checkbox"/> Other: _____ |

Please describe your previous volunteering experiences and any hobbies you have.

Have you ever been terminated from a volunteer position? Yes No
If yes, please explain:

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No

Please provide two references (name, phone # or email) who can comment on your character and/or work with children or adolescents, and who we may contact.

1. _____
2. _____

I, _____ (volunteer name; please print), will fulfil the role of volunteer to the best of my ability and maintain the strictest confidence in my work with students and the staff of the school.

- I understand that I will not be able to bring other children with me when I am working as a volunteer responsible for the supervision of students.
- I understand that I will be required to provide a Vulnerable Sector Check prior to beginning a volunteer activity and that an annual Offence Declaration may need to be completed should I wish to continue volunteering in subsequent school years.
- I give permission for an administrator to contact the above-named references.

Signature: _____ Date: _____

To be completed by the principal:

Vulnerable Sector Check required: Yes No

Vulnerable Sector Check received Date: _____

Start Date for Volunteer: _____

Signature of Principal: _____ Date: _____