

VOLUNTEER APPLICATION AND CONSENT FORM

Name: _____

Address: _____

Contact Information:

Home Telephone: _____ Email: _____

Cell: _____

Previous Volunteer Experience, if applicable

- Education System: _____
- Community/Other: _____

Personal History

- I have completed a Criminal Record Check and it is valid until _____ Yes No
- Have you ever been convicted of a criminal offense? Yes No
If yes, please provide details: _____
- Do you have any charges pending or restrictions with working with children? Yes No
If yes, please provide details: _____

Medical

- Do you have any medical conditions that may hamper or affect your ability to carry out your activities? Yes No
If yes, please provide details: _____

References

- If requested, please provide the name and contact information for a reference
Name: _____ Relationship: _____ Telephone: _____

Emergency Contact:

- Please provide:
Name: _____ Relationship: _____ Telephone: _____

- I hereby agree that the Richmond School District #38 may request that a Criminal Records Check be conducted prior to commencing any volunteer activity within the school and community.
- I hereby certify that the information given is complete and accurate.
- *Personal information collected by the Richmond School District #38 will be managed in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions regarding the collection, use, disclosure or safe guarding of this information, please contact the Principal.*
- *The Principal will require a Criminal Records Check for potential volunteers in any situation or circumstance where the principal deems such checks to be appropriate. Such circumstances may include: situations where volunteers are alone with children without the near company of other adults, situations where there is minimal direct supervision by staff, and situations where volunteers are on overnight field trips.*
- If a volunteer wishes to be a volunteer driver please complete the Driver's Authorization Form.

_____	_____	_____
Name <i>(please print)</i>	Signature	Date (year/month/day)

OFFICE USE Approval by Principal or Designate; this approval process occurs annually and is valid until June 30, .		
_____	_____	_____
PRINCIPAL'S OR DESIGNATE'S NAME	PRINCIPAL'S OR DESIGNATE'S SIGNATURE	DATE (year/month/day)

VOLUNTEER CONSENT, ACKNOWLEDGEMENT OF RISK AND WAIVER FORM

Volunteer Name: _____ Home #: _____ Cell #: _____
Email: _____

BOARD EXPECTATIONS FOR VOLUNTEERS

My signature below indicates I have read the expectations below and agree to abide by them as a volunteer.

- Review and comply with relevant board bylaws, policy, and procedures.
- Know the details of the activity(ies) and the specific duties, responsibilities and authority.
- Exhibit positive behaviour and be an acceptable role model.
- Abide by the District Code of Conduct and School Rules.
- Report any inappropriate conduct to the employee sponsor.
- Adhere to the schedule or itinerary.
- Dress appropriately for the activity/environment.
- Wear any safety equipment required or highly recommended for the activity(ies) and environment(s).
- Be medically fit for participation.
- Maintain confidentiality of the personal information related to any student, staff member or other volunteer disclosed to me as part of my volunteer involvement.
- Complete a Criminal Records Check (as requested by the Principal)

CONSENT, ACKNOWLEDGEMENT OF RISK AND WAIVER

My signature below indicates my consent and acknowledgement of risk. In addition, my signature below indicates that I waive any and all claims I may have against, and release from all liability and agree not to sue The Board of Education of School District No.38 and its officers, employees, agents, volunteers and representatives, and the Ministry of Education for any personal injury, death, property damage or loss sustained as a result of my participation in the field trip, arising out of any cause whatsoever, including negligence.

- I accept the modes of transportation for these field trips.
- I acknowledge it is my responsibility to obtain information about the field trips including the associated inherent risks and mitigation strategies.
- I understand and acknowledge that I may suffer personal and potentially serious injury arising from my volunteer involvement.
- I understand that as a volunteer, I am covered by liability insurance but not covered under Worker's Compensation Board (WCB) Insurance.
- I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's, administrators and staff while volunteering on these field trips.
- I acknowledge that it is my duty to advise the board of any medical/health concerns/allergies that may affect my participation.
- I understand that I am obliged to keep confidential any student personal information (in particular health information) that is disclosed to me by the school, except as required for the purposes of discharging my obligations over the program/activity(ies).
- I acknowledge that the board may choose to cancel the field trips if travel conditions are dangerous, or for whatever reason, deemed unsafe (e.g., weather, health issues). I accept that the board will not be liable for any costs associated with such a cancellation.

- I consent that the board, through its employees, agents, and officers, may secure medical services and advice as they deem necessary for my immediate health and safety, and that I shall be financially responsible for such services and advice.
- I grant permission for the Richmond School District the right to use, without payment of any fee or charge and without limitation on time or frequency, for non-profit educational, promotional or publicity purposes only, any photographs, video footage, audiotape or digital images.

<hr/> Volunteer Name <i>(please print)</i>	<hr/> Signature	<hr/> Date <i>(year/month/day)</i>
	<hr/> Cell #	<hr/> Email
<hr/> Emergency Contact's Name <i>(please print)</i>	<hr/> Cell #	<hr/> Relationship

Parent/Guardian consent (If volunteer is under 18 years of age):		
<hr/> Parent/Guardian's Name <i>(please print)</i>	<hr/> Signature	<hr/> Date <i>(year/month/day)</i>