

# School Volunteer Application



**This form needs to be completed only once for each school that an individual applies to be a volunteer.**

School: \_\_\_\_\_ Student Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Volunteer Activity: \_\_\_\_\_

- |    |   |  |
|----|---|--|
| 1. | Have you previously completed this form to volunteer at this school?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | If yes, has anything changed since your original application that the school needs to be aware of with regards to the questions asked on this application?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Have you previously completed the "Consent for Disclosure of Criminal Record Information"? If so, with which Mission School? _____  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | If your answer was Yes to question #1, please sign at the bottom of this form and return it to the school; if you answered No to question #1, please complete the rest of the form and return it to the school. |  |

This form is provided to volunteers whose participation in a school activity may involve the volunteer having unsupervised access to students of the school. The information is requested in order to ensure the suitability of person have contact with students. Information which is provided will be maintained on a strictly confidential basis.

Relationship in the School:  Parent  Community Member  Other

- |    |   |  |
|----|---|--|
| 1. | Are you currently a Block Parent?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Have you ever been convicted of a criminal offense?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Are you currently subject to a restraining order, recognizance or peace bond?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Are there currently any outstanding criminal charges against you?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Is there any reason why you should not participate as a volunteer where you will be in contact with children? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Have you been subject to any Criminal Court order restricting your contact with children?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to any of questions 2-6, please provide details with this form and return to the school principal in a sealed envelope marked "Confidential" and addressed to the attention of the office of the Superintendent. Confidentiality will be respected.

I certify the above information to be true to the best of my knowledge, information and belief and agree that falsification or omission of information called for may result in my removal as a volunteer. To ensure the safety and well-being of children, permission is hereby granted to conduct any investigation that may be deemed desirable regarding the information contained in this form. Should the Volunteer Check list and/or Criminal Records Check reveal information which indicates that employees may be exposed to a risk of violence; these employees will be informed according to WCB Regulation 4.30.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature