



Clearview Public Schools

Volunteer Registration Form for Volunteers and Volunteer Community Coaches

Clearview Public Schools 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. The information collected on this form will be held in confidence as required by the *Freedom of Information and Protection of Privacy Act* (FOIP). If you are under 18 years of age, your parent or guardian must sign this form.

Name of School: _____

Name of Activity (if applicable) _____

Name: Mr./Mrs./Ms. _____

Address: _____

Telephone No.: _____

Do you have siblings, children or grandchildren registered in this school? Yes ___
No ___ if yes, please list by name and grade:

Please provide the names of two references that can be contacted by the school.

Name / Contact # _____

Name / Contact # _____

Have you completed the Vulnerable Sector Check (Criminal Record Check)?

Yes _____ No _____

Please be advised the Board requires that a **Vulnerable Sector Check** for volunteers. Prospective volunteers shall be provided with a letter (Request to Waive Fees for **Vulnerable Sector 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 _____



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Volunteer Confidentiality Form

Date _____

Name of Volunteer: _____

School: _____

DECLARATION OF CONFIDENTIALITY

I promise that I will maintain confidentiality with respect to information regarding all students/families or employees of Clearview Public Schools. 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 Clearview Public Schools.

IN WITNESS WHEREOF this _____ day of _____, 20____, I hereby acknowledge that I have read, understand and accept the above responsibility as a Clearview Public Schools volunteer.

WITNESS

Signature: _____

Name: _____

(Please print)

Signature: _____



Clearview Public Schools

Request to Waive Fees for Vulnerable Sector Check

Date _____

Please be aware that _____ has applied for a position as a volunteer with _____. According to the policy of Clearview Public Schools, all applicants for such positions must provide the results of a **Vulnerable Sector 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.