PARKLAND
SCHOOL DIVISION

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) (Given Names)

Address: _____

Telephone #: _____ **Email:** _____

Do you have siblings, children or grandchildren registered in this school? **Yes** **No**

If yes, please list by name and grade:

Name	**Grade**

Please provide the name of two references that can be contacted 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.

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Volunteer Confidentiality Form and Inherent Risk

Name of Volunteer: _____

School: _____

DECLARATION OF CONFIDENTIALITY

I promise that I will maintain confidentiality with respect to information regarding all students or employees of The Parkland School Division. 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 The Parkland School Division schools.

INHERENT RISK CLAUSE

There is a potential risk for staff/volunteers to be injured by a student. Student behavior can be somewhat unpredictable and the needs of students are not always known. Some students may become aggressive, which has the potential for causing injury. As a volunteer, you are to avoid physical contact and re-direct all risks to an alternate staff member including an Education Assistant, Teacher and or Principal/Assistant Principal. You are expected to cooperate in ensuring workplace health and safety in a caring and respectful education setting. The Principal or designate of the school will discuss how to react.

DECLARATION OF INHERENT RISK

I hereby understand and acknowledge the Inherent Risk Clause. As a volunteer, I will adhere to the clause and not directly intervene when an inherent risk is encountered. The Administration of the school has provided me with direction on how to conduct myself while in the school and safety protocol has been provided.

IN WITNESS WHEREOF this _____day of_____, 20_____, I hereby acknowledge that I have read, understand and accept the above responsibility as a Parkland School Division volunteer.

Volunteer Name: _____
(please print)

Signature: _____

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 _____ has applied for a position as a Volunteer with
(Name of Applicant)

_____ . According to the policy of The Parkland School
(Name of School)

Division, all applicants for such positions must provide the results of a Criminal Record Check.

If this Criminal Record Check is required for a Community Coach and/or volunteering on an overnight field trip please check the box below for a Vulnerable Sector to be completed as well. **There is a high possibility of this volunteer being in a position of sole authority over our students.**

☐ Vulnerable Sector required

_____
Initials of Principal/Designate
Requesting Vulnerable Sector

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.

Thanks 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.