

Office Use Only

If required, date of Criminal Record Check (CRC): _____
(update every 5 years)
(if no need for CRC, this form is non- expiring while the volunteer's children are at this school.)

Volunteer Safety Check Application

Thank you for expressing interest in volunteering in our district/school.

In order to help secure the safest possible environment for students, volunteers in the school district are asked to complete the Volunteer Safety Check Application.

School: _____

Name: _____

Last
First
Initial

Address: _____

Street
City/Province
Postal Code

Telephone: _____

1. I have a child(ren) in this school. No
 Yes (First/Last names) _____

2. Areas of Expertise and Interest

- | | |
|--|---|
| <input type="checkbox"/> Tutoring (subjects) _____ | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Food Days |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Library |
| <input type="checkbox"/> Coaching (sports) _____ | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Classroom Help |
| <input type="checkbox"/> Other _____ | |

Times Available: _____

3. Additional Information

I agree to a reference check and/or criminal record search as the principal of the school deems necessary. Yes No

I have already had a criminal record check done at a Maple Ridge-Pitt Meadows school. Yes No

(School) _____ (Date) _____

If you know of any reason why you should not participate as a volunteer where you will be in contact with children (e.g. health reasons), please contact the principal.

Please provide the name and telephone number of two character references that may be contacted.

Name of Reference _____ Telephone Number _____

Name of Reference _____ Telephone Number _____

Guidelines for Volunteering

- Remember that everything you hear or see regarding the students is confidential.
- If you cannot make your scheduled time please let us know.
- Treat all members of our school community with respect.
- Please wear your name tag while on the school grounds and in the school.
- You are working under a staff member's direction. Consult with that staff member before initiating activities.
- Please be assured that information given by you will be kept confidential.

As a volunteer in our school, you are in a position of trust and as such, it is essential that privacy and confidentiality are maintained. Our children's safety is of prime concern to us. If children's safety or trust is compromised, it will be necessary to ask you not to be a volunteer in our school.

The information given in this form is true and correct and I understand that falsification or omission of information may result in my removal as a volunteer. I have read and agree to follow the guidelines described above. The principal may contact my references. Once approved, this application is non-expiring while your children are at this school.

Applicant's Signature: _____

Date: _____

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- | |
|--|
| <input type="checkbox"/> Reference Check completed (complete for volunteers unsupervised by staff, principal's decision for volunteers supervised by staff)
<input type="checkbox"/> Criminal Record Check on file (if needed)
<input type="checkbox"/> Confidentiality, volunteer responsibilities discussed
<input type="checkbox"/> Orientation meeting (for volunteers unsupervised by staff) |
|--|

Date: _____ Principal's Signature _____