



## VOLUNTEER APPLICATION FORM

CRCs appreciates the services of all of its volunteers. In order to ensure the safety of students, all volunteers in our schools need to apply and be accepted by the principal of that school. A volunteer is someone who assists school and/or students either in curricular or extra-curricular activities and includes volunteer drivers but does not include guest speakers, presenters, visitors to the school, or school council members in their position as school council members. We expect that you will complete this form to enable the school in which you volunteer to exercise control over who should be involved with the children. The information collected on this form will be held in strict confidence.

*If you are under 18 years of age your parent or guardian must sign this form.*

**Name of school or department:** \_\_\_\_\_

**Surname:** \_\_\_\_\_ **Given Names:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

*Do you have children or grandchildren registered in this school?*     **YES**             **NO**

If yes, please list by name and grade:

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

*If not, would you please list at least two references with whom the school may check:*

**Name:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

\_\_\_\_\_

Do you have a criminal record for which you have not received an official pardon?    \_\_\_ Yes    \_\_\_ No

As a volunteer, we would like to advise you of the following conditions:

1. That school volunteer service is permitted at the discretion of the principal.
2. That confidentiality is of the utmost importance in the school setting in order to ensure that the dignity and worth of students, parents, volunteers and school staff is honoured.
3. That any information collected, used, generated, and stored by CRCS including student, instructional, financial, or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
4. That you may not disclose, communicate, publish, take, alter, copy, interfere with, or destroy any information unless you are specifically authorized to do so by the teacher or principal.
5. That the teaching and administration staff are responsible for student learning and discipline.
6. That school administration, teaching, and support staff have specific roles to play and it is important that the staff of a school operate as a team.
7. That you as a volunteer can assist greatly in enhancing student learning by working positively and cooperatively with the school team.
8. That all volunteers are required to participate in the School Volunteer Orientation program.
9. That any failure to comply with these conditions or CRCS policies may result in termination of your position as a volunteer.

**By signing this volunteer application form, if accepted, I agree to the conditions outlined.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian signature [if volunteer is under 18 years of age]:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The information on this form is collected under Alberta's Freedom of Information and Protection of Privacy Act to carry out our responsibilities under the *School Act*. If you have any questions about this form, please contact the school principal.

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**VOLUNTEER CONFIDENTIALITY AGREEMENT**

TO: THE CHRIST THE REDEEMER CATHOLIC SEPARATE REGIONAL DIVISION NO.3 (CRCS)

I, \_\_\_\_\_, agree that I will act at all times to preserve the confidentiality  
(Name of the Volunteer)

of all personal information of which I become aware during the course of fulfilling my duties as a volunteer  
at \_\_\_\_\_ School.  
(Name of School)

I further agree that in particular I will preserve the confidentiality of any personal information which I receive with respect to students, parents, staff and administration. I will hold all such information in the strictest of confidence and I shall not use, copy or disclose such information to any other individual within or outside of the district, in whole or in part, in any manner or form, unless I have obtained the permission of the Principal.

Executed and witnessed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Print Name of Volunteer) \_\_\_\_\_

(Signature of Volunteer) \_\_\_\_\_

(Signature of Principal) \_\_\_\_\_