



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.



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) _____



CHRIST THE REDEEMER SCHOOL DIVISION
VOLUNTEER DRIVER AUTHORIZATION
(FOR CURRENT SCHOOL YEAR ONLY)

School _____

Name _____

Address _____

Date of Birth _____

Driver's License No. _____ Class _____ Expiry Date _____

Have you been involved in any accident as a driver during the last three years _____

If yes, please specify _____

Has your driver's license been suspended or have you been convicted of any offense under the Highway Traffic

Act during the last three years? Please check yes no

Insurance Company _____ Policy No. _____

Agent _____

Third Party Liability Limit of \$2,000,000 _____ yes _____ no
(see notices below)

I agree to operate the vehicle referred to herein in a safe manner and to comply with the directions of teachers or agents of Christ the Redeemer School Division. Furthermore, I believe my vehicle to be in a sound operation condition.

Vehicle: Make _____ Model _____ Capacity _____

Second Vehicle (if applicable):

Vehicle: Make _____ Model _____ Capacity _____

SIGNATURE OF VOLUNTEER DRIVER

DATE

FOR OFFICE USE ONLY

The above named volunteer is authorized to assist our school during the current school year. We appreciate this help and cooperation.

SIGNATURE OF PRINCIPAL (OR VICE PRINCIPAL)

DATE

Copy – Volunteer

Copy – Teacher

Copy – Principal

The volunteer is reminded that: in all cases prior to the event the individual must provide to the school principal a current copy of a driver's abstract

Date Driver's Abstract Received _____

All Benefits available under the Board's Pupil Accident Insurance Plan automatically apply to students transported in private vehicles. Liability insurance protection for individual drivers for their legal liability for bodily injury to pupil passengers in excess of such protection as may be afforded under the driver's own automobile liability insurance is provided by the Board while they are driving pupils in their own automobiles on an authorized school activity or function.

NEEDS RE: INSURANCE COVERAGE – VOLUNTEER DRIVERS

You must carry third party and passenger hazard liability insurance in an amount of not less than \$2,000,000 and carry accident benefits as required by law.

You should inform your insurance company of your intention to use your own automobile and to act as a Volunteer Driver for School Board activities. The majority of insurance companies do not require an endorsement to auto policies or an additional premium charge as this service is classified as occasional and is not done for compensation.

Form Revised February 2011



Volunteer Health and Safety Information Sheet

Health and Safety on our premises is of the utmost concern. We consider Occupational Health & Safety legislation to be the minimum requirement.

Responsibilities:

The volunteer must ensure that they have received the appropriate training in Health & Safety to ensure that they are competent to perform all required work in a safe manner.

The volunteer must immediately report ALL accidents, incidents, and near misses to a district representative.

Rights:

Volunteers have the right to know about hazards/conditions which could cause immediate serious injury to any person.

Volunteers have the right to refuse unsafe work if the worker believes that it will cause an imminent danger to the health or safety of themselves or another worker.

Emergency Response:

Each work site has its own emergency response plan. Be sure to go over this with a school district representative and become familiar with it prior to commencement of work.

Rules

While on site the following rules apply:

- Sign in/out at main office
- Wear a visible Visitor ID tag at all times.
- Walk, do not run
- No smoking on school district property

ACKNOWLEDGMENT SHEET

I have read and received a copy of the "Volunteer Health and Safety Information Sheet" and agree, on behalf of;

Name of Volunteer _____

Project/Site Name _____

to comply with the requirements of this document and all requirements of the Occupational Health & Safety Act and Regulations for CRCS Volunteer Projects. I will also take all necessary precautions to ensure the health and safety of our employees, suppliers and sub-volunteers while on the project and ensure that they are provided with and are aware of the preceding requirements.

Name (Please Print) _____

(Signature) _____

Signed in _____ on _____ 20____.
Community Date

Witness (Please Print) _____

(Signature) _____

(Date) _____

Volunteer Police Security Clearance Procedure

All overnight volunteers are required to have police security clearance through the POLICE.

TO BE FILLED OUT AND SUBMITTED AT LEAST 4 WEEKS PRIOR TO VOLUNTEERING

1. All volunteers will present themselves to the school principal. At the principal's discretion, the volunteer will be asked to obtain a Police Security Check.
2. If the potential volunteer refuses to complete the forms or there appears to be discrepancies in the information or there is concern about the suitability of the applicant, then the Principal will not allow the individual to volunteer in the school.
3. It must be emphasized that all persons requesting to volunteer at the school that permission is completely at the discretion of the principal.
4. Volunteers must have a new Police Security Clearance every three years.
5. Only those individuals with a clear police check may volunteer. The principal will contact the Superintendent regarding those Police Security Checks that are **not cleared**.

The Division reserves the right to request a criminal security clearance at any time.



OUR LADY OF THE SNOWS CATHOLIC ACADEMY

3100A STEWART CREEK DRIVE
CANMORE, ALBERTA
T1W 3M6
TELEPHONE (403) 609 3699 - FACSIMILE (403) 609 4008
WWW.REDEEMER.AB.CA

PRINCIPAL — MR. VINCENT BEHM

VICE PRINCIPAL — MR. PHIL PUURUNEN

VICE PRINCIPAL — MR. REMO TARGA

Dear Sir/Madam/Constable:

The following person has stepped forward to act as a volunteer within our school at
OUR LADY OF THE SNOWS CATHOLIC ACADEMY.

Volunteer Name

Could you please process the clearance request without charging a fee to the person named above. Thank you for your co-operation and consideration.

Sincerely,

Mr. Vince Behm,
Principal,
Our Lady of the Snows
Catholic Academy

****Please Note**

The Canmore RCMP Detachment, located at 101 Elk Run Blvd., Canmore, is open Monday to Friday 8:00 a.m. – 4:00 p.m. You will need to supply two pieces of ID, such as a Driver's License or Passport and another piece of government ID, such as a Social Insurance Card, Birth Certificate, Alberta Health Care Card, Blue Cross Card or Firearms Certificate. It will take approximately 10 minutes to fill out the request form, and the Criminal Record Clearance form will be returned in approximately one week.**

TO NURTURE AND ENLIGHTEN THE HEART, MIND AND SOUL.
TO SEE THE THINGS THAT ARE OF GOD.
TO CELEBRATE OUR CATHOLIC FAITH THROUGH PRAYER, THROUGH PLAY, THROUGH LEARNING

This form is for use by a person who is present in the office of a registry agent and is requesting the release of his/her personal driving and/or motor vehicle information pursuant to section 5(1)(a) or 2(1)(p) of the Access to Motor Vehicle Information Regulation (AMVIR).

I, _____ of _____

Full Name

Street Address

City/Town/Village

Province

Postal Code

Telephone Number (include area code)

declare that my operator's licence number is: _____, and my birth date is: _____

yyyy - mm - dd

In accordance with the Access to Motor Vehicle Information Regulation (AMVIR), I request the release of my personal information by Alberta Registries for the following products:

(check all products required)

Driver's abstracts: 3 Year, 5 Year, 10 Year Driver Abstract (SDA), 3 Year, 5 Year, 10 Year Commercial Driver Abstract (CDA),

Court Certificate

Search Product _

Additional Search Product _

Confirmation Letter - specify _____

I agree that, Alberta Registries and/or the registry agent are not liable for any defect, error or omission in the information being provided and are not responsible for any privacy breach after the information product is released.

Signature of Applicant

Date

Declaration for Faxing - only complete if applicable.

I request that my personal driving and motor vehicle information released pursuant to section 5(1)(a) or 2(1)(p) of the Access to Motor Vehicle Information Regulation (AMVIR) be faxed to _____

I agree that, Alberta Registries and/or the registry agent are not liable for any privacy breach after the information product is faxed to the above number.

Signature of Applicant

Date

In accordance with s. 33(c) of the Freedom of Information and Protection of Privacy Act, the Traffic Safety Act, and the Access to Motor Vehicle Information Regulation, specific personal information is collected to determine the recipient's authority to request the information and to confirm the identity of the recipient and of the authorized employee of the recipient (if the recipient is an organization). The registry agent stores the documents for one year. The form is used to monitor and audit the release of information and to conduct investigations if the Registrar receives complaints about the release. Questions about the collection of this information can be directed to a Service Alberta Information Officer at 780-427-7013, toll free 310-0000 within Alberta. Alternatively, questions may be mailed to Box 3140, Edmonton, AB T5J 2G7, attention Data Access and Contract Management Unit (DACMU).