

Form 490-1

v. 2023

VOLUNTEER APPLICATION FORM

Valid only for the current school year

In order to ensure the security and safety of our staff and students, all volunteers in our schools need to be registered. This form must be completed annually. The information collected on this form will be held in strict confidence.

A volunteer:

Supports a classroom, school, or system-wide program. A volunteer is in direct contact with students, and may or may not be under the direct supervision of school staff. Volunteers are under the ultimate responsibility and supervision of the Principal at the school level. A volunteer is an optional support and agrees to undertake a designated task compliant with current legislative requirements.

You must be 18 years or older as a volunteer, WCPS students under 18 do not have to register to volunteer in our schools.

Name of School(s) and/or Site(s):		School Year:
Your Name: (Last Name, First Name)		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Mailing Address: (With Postal Code)		Date of Birth: (YYYY-MM-DD)
Daytime Phone:	Evening Phone:	Cell Phone:
Do you have children or grandchildren in this school? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list by name and teacher or homeroom:		
Name of Student:		Teacher/Homeroom:
<hr/>		<hr/>
<hr/>		<hr/>
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Do you have a criminal record for which you have not received an official pardon? <input type="checkbox"/> No <input type="checkbox"/> Yes Have you completed a Vulnerable Sector Check within the last three years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please include with this registration form. If no, please complete: <u>Form 490-2</u> - Criminal Record Declaration Form, and <u>Form 490-3</u> - Vulnerable Sector Check.
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As a volunteer, WCPS would like to advise of the following conditions:

1. 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 honored.
2. Any information collected, used, generated, and stored by the Board of Trustees including student, instructional, financial, or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
3. 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.
4. You must notify the Principal of any new criminal charges at the time the charge is made.
5. The teaching and administration staff is responsible for student learning and discipline.
6. 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. You as a volunteer can assist greatly in enhancing student learning by working positively and cooperatively with the school team.
8. Any failure to comply with these conditions or Wolf Creek Public Schools Administrative Procedure 490 - Volunteers may result in termination of your position as a volunteer.

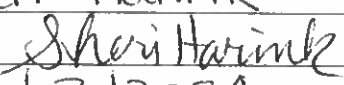
By signing this volunteer registration form, I am agreeing to the conditions outlined.

Signature

Date (YYYY/MM/DD)

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 *Education Act*. If you have any questions about this form please contact your school.

Authorized by School Principal:

Name: Sheri Harink
Signature: 
Date: Sept 3/2024
Orientation Notes:
Other information:

Form 490-3

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VULNERABLE SECTOR CHECK - VOLUNTEERS

The named individual wishes to volunteer with Wolf Creek Public Schools requiring the respective police agency to perform a Vulnerable Sector Check for the following position. Volunteers within Wolf Creek Public Schools require this check because the volunteer will be :

- Working closely with children in situations where he/she will be alone with individual children and groups of children, without direct supervision or oversight from staff; and
- In a natural position of trust and authority given the relationship between children and school volunteers

This position must be specific to the role and school being applied for as per Volunteer Alberta requirements

Volunteer's Name: (please print)	Date: (YYYY/MM/DD)
Address:	
<p><i>The Freedom of Information and Protection of Privacy Act (FOIP), Chapter F-25, charges Wolf Creek Public Schools with protecting the privacy of individuals, most who are under the age of majority. In order to show due diligence in this regard, please conduct a Vulnerable Sector Check on the person named above.</i></p>	

Below is for School Office Use:

Request Authorized by School Principal

Name: (please print) <div style="font-size: 1.2em; margin-top: 10px;">Sheri Harink</div>	(Lacombe Use Only) VSPN #: Position Code: Position Title:
School Name: Crestomere School	
School Address: RR#3 Lacombe, Ab T4L2N3	
Signature of School Principal: X <div style="font-size: 1.2em; margin-top: 5px;">Sheri Harink</div>	

Volunteer Information:

Please take this form to the local police agency associated with your legal land description/location to have the Vulnerable Sector Check completed.

<input type="checkbox"/>	Bashaw RCMP Detachment	5017 - 52nd Street	(780) 372-3793
<input type="checkbox"/>	Blackfalds RCMP Detachment	4405 South Street	(403) 885-3300
<input type="checkbox"/>	Ponoka RCMP Detachment	5120 - 50 Avenue	(403) 783-4472
<input type="checkbox"/>	Rimbey RCMP Detachment	5117 - 50 Street	(403) 843-2224
<input type="checkbox"/>	Sylvan Lake RCMP Detachment	4260 - 50 Street	(403) 858-7206
<input type="checkbox"/>	Lacombe Police Service	5301 Wolf Creek Drive	(403) 782-3279

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- You will be required to produce this form along with two pieces of government-issued identification. One must be picture identification.
 - Be sure to provide your physical address to prove residency.
 - Please note, your driver's license address must match your application address.
 - The results of the Vulnerable Sector Check may take between seven to 10 days or longer depending on results.
 - A volunteer letter will be required at some detachments from the school the person is volunteering for.

Form 490-2

▼ 2023

CRIMINAL RECORD DECLARATION FORM - VOLUNTEERS

I, _____, declare that:

- ☐ I have not been convicted of any offence under the Criminal Code of Canada,
- ☐ I have not been convicted of any offence under the Controlled Drugs and Substances Act,
- ☐ I have not been convicted of any offence under the Food and Drugs Act,
- ☐ Nor have I been the subject of an investigation, order, conviction or other process under the Child, Youth and Family Enhancement Act,
- ☐ Nor have I been charged with or convicted of any offence the nature of which is an offence against another person.

Any exceptions to the foregoing statements must be fully disclosed. If there are any convictions or unresolved charges, please list the specifics of the conviction or offense, date of conviction or offense, court location and sentence if convicted.

Details of Child, Youth and Family Enhancement Act Proceedings if any:

I hereby declare the contents of this application, as completed by me, to be accurate. This declaration has the same effect as if made under oath. Any misrepresentations made by me in completing this application may result in termination of my participation as a volunteer should such misrepresentations come to the attention of the school division at any time after I have become a volunteer of the school division.

Date: (YYYY/MM/DD)
Volunteer Signature:
Witness Signature:

Please submit the completed form to the school where you volunteer and retain a copy for your records.

The personal information on this form is collected, used, and disclosed in accordance with the Education Act, Sections 31 and 225, and the Freedom of Information and Protection of Privacy Act, Section 33, to determine suitability for employment or engagement as a volunteer to work with students. The information collected is kept confidential and used consistent with the purpose provided under the Freedom of Information and Protection of Privacy Act (FOIP). If you have any questions about the collection, use, and disclosure of personal information, please contact the Wolf Creek Public Schools' FOIP Coordinator, 6000 Highway 2A, Ponoka, AB, T4J 1P6, Ph. 403-783-3473.

Distribution: Signed Copy – School Files



Form 565-1

v. 2018

VOLUNTEER DRIVER AUTHORIZATION

School: _____ Crestomere School _____ School Year: _____

Name: _____

(Must be a parent/guardian or coach of _____ Crestomere _____ School Student)

Address: _____

Phone Numbers: Daytime: _____ Evening: _____

Date of Birth: ____/____/____ Driver's License No. _____ Class: _____ Exp. Date: _____
Yr Mo Day

Have you been involved in any accidents as a driver during the last three years? Yes _____ No _____

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? Yes _____ No _____

Insurance Coverage: Please read Administrative Procedure 554.

You must 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.

******Your insurance company may fax a "Certificate of Insurance" to the school at _____ Crestomere School, fax 403-785-0740_____***

Insurance Company: _____

Policy No. _____

Agent: _____

Third Party Liability of \$2,000,000 or greater? Yes _____ No _____

I agree to abide by the requirement of the Highway Traffic Act while acting as a Volunteer Driver for school functions. I undertake to report to the school principal all accidents or suspensions of license, which occurs after the date of this authorization while it remains in force.

I agree to operate the automobile referred to herein in a safe manner and to comply with the directions of teachers or agents of Crestomere School.

Vehicle: Make _____ Model _____ Capacity _____

2nd Vehicle (If appropriate)

Make: _____ Model _____ Capacity _____

Liability insurance protection for individual drivers for their legal liability for bodily injury to pupil passengers in excess of such protection as required by the Board and afforded under that 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.

Signature of Volunteer Driver: _____ Date: _____

This form will be retained at the school office for the current school year.