

VOLUNTEER APPLICATION FORM for Iron Ridge Elementary Campus

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 is:

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.

Volunteers do not include:

- Guest speakers
- Presenters
- Visitors to the school
- Parents assisting their own child in the school
- School council members in their position as school council members

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 or Department: Iron Ridge Elementary Campus		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:								
<p>Do you have children or grandchildren in this school? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please list by name and teacher or homeroom:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">Name of Student:</td> <td style="width: 50%; padding: 5px;">Teacher/Homeroom:</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>			Name of Student:	Teacher/Homeroom:						
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You may be asked to provide two references (Principal's discretion).										

Do you have a criminal record for which you have not received an official pardon?

No Yes

Have you completed a Vulnerable Sector Check (valid for 3 years)?

No Yes

If yes, please include with this registration form.

If no, please go the Blackfalds RCMP to request one and return it to the school.

Please also complete: [Form 490-2](#) - Criminal Record Declaration Form (see attached or can be found on our website)

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

Authorized by School Principal:

Name:

Signature:

Date:

Other information/notes: