

# School Volunteer Application



This form needs to be completed for each school year that an individual applies to be a volunteer.

Name: \_\_\_\_\_  
(Last) (First)

### Contact Information

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Proposed Activity(ies) (team, club, class or activity): \_\_\_\_\_

Relevant Experience: \_\_\_\_\_

Formal Training / First Aid qualifications: \_\_\_\_\_

### Criminal Records Check:

This form is provided to volunteers whose participation in a school activity may involve the volunteer having unsupervised access to students of the school. The information is requested in order to ensure the suitability of persons having contact with students. Information which is provided will be maintained on a strictly confidential basis.

I will produce a Criminal Record Check:  Yes  No

Relationship in the School:  Parent  Community Member  Other

The Mission Public School District provides Accident and Liability Insurance to protect volunteers while acting for the School District. Please see your Principal and/or Vice-Principal for details.

I accept all of the risks and the possibilities of personal injury or property damage resulting from my volunteer activities.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

### SCHOOL ADMINISTRATIVE USE ONLY

Criminal Record Check Completed, if required:  Yes  No

Staff Sponsor: \_\_\_\_\_  
Print Name Signature

Screening/Interview Complete:  Yes  No

Principal/Vice-Principal Approval: \_\_\_\_\_

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

\*Complete and return form to the School Principal or Vice-Principal