The Board of Education of School District No. 83 (North Okanagan-Shuswap)

SCHOOL VOLUNTEER REGISTRATION FORM

(Completion of this form is required to volunteer in School District No. 83)

DATE:_____

SCHOOL: _____

_____

LAST NAME / FIRST NAME / MIDDLE INITIAL / MAIDEN NAME MALE / FEMALE

_____

STREET ADDRESS / CITY / PROVINCE / POSTAL CODE

_____

HOME / CELL / WORK PHONE EMAIL ADDRESS DATE OF BIRTH

HEALTH RESTRICTIONS, IF ANY: _____

EMERGENCY CONTACT NAME & PHONE #:_____

I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING SETTING(S), AND UNDERSTAND THAT A CRIMINAL RECORD CHECK IS REQUIRED TO DO SO.

_____ONE-ON-ONE _____SMALL GROUP _____CHAPERONE SCHOOL SPONSORED TRIPS _____NOT DIRECTLY WITH STUDENTS

Please Initial

AS A VOLUNTEER, I AGREE TO ABIDE BY THE RULES AND POLICIES OF THE BOARD OF EDUCATION OF SCHOOL DISTRICT NO. 83 (NORTH OKANAGAN-SHUSWAP). I HAVE RECEIVED, READ, AND UNDERSTAND BOARD POLICY 240 – VOLUNTEERS IN SCHOOLS AND BOARD POLICY 120 – DISTRICT CODE OF CONDUCT AND I AGREE TO ABIDE BY ALL PROVISIONS OF SAID POLICIES. ☐

I UNDERSTAND THAT I MUST MAINTAIN STRICT CONFIDENTIALITY WITH INFORMATION TO WHICH I HAVE ACCESS WHILE PERFORMING MY DUTIES. I ALSO UNDERSTAND THAT ALL PERSONALLY IDENTIFIABLE INFORMATION REGARDING STUDENTS IS CONFIDENTIAL AND THAT I MAY NOT DISCLOSE OR DISCUSS ANY SUCH INFORMATION EXCEPT TO / OR WITH THE TEACHER. ☐

MY SIGNATURE ON THIS FORM IS DEEMED TO CONSTITUTE NOTIFICATION THAT A CRIMINAL RECORD CHECK IS REQUESTED OF ME. ☐

_____

APPLICANT'S SIGNATURE (REQUIRED TO VOLUNTEER)

_____

DATE

Updated: May 11, 2022