



**HORIZON SCHOOL DIVISION NO. 67**  
**POLICY GFA - *Volunteers***  
**VOLUNTEER REGISTRATION FORM (*FORM A*)**

SCHOOL YEAR: \_\_\_\_\_

Mr./Mrs./Ms.: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

Please list any children or grandchildren registered in the above school?

\_\_\_\_\_

\_\_\_\_\_

**A. VOLUNTEER SECURITY DISCOLUSRE:**

Have you ever been charged or convicted of an offence under the *Criminal Code, Narcotic Control Act, Food and Drug Act, or Firearms Act* of Canada, or the criminals laws of any other country?  Yes  No  
**(Individual who have been granted pardons are not required to respond "Yes" to this question).**

Have you ever been the subject of an investigation or order under the *Child Welfare Act* of Alberta or equivalent legislation in any other province or country? (If you answer "Yes" to this question, you must submit a current Child Welfare Statement along with this form).  Yes  No

Are there any conditions which might cause concern regarding your suitability as a volunteer?  Yes  No

If the answer to any of the above questions is "Yes" provide details including dates, depositions, and any other pertinent information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** "Yes" to any one of the above questions will not automatically exclude an applicant from becoming a volunteer within Horizon School Division No. 67.

As a volunteer, we would like to advise you of the following conditions:

1. 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 staff is honored.
2. That any information collected, used, generated and stored by Horizon School Division No. 67 including student, instructional, financial or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.

3. 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.
4. That you must notify the principal of any new criminal charges at the time the charge is made.
5. That the teaching and administration staffs are responsible for student learning and discipline.
6. That as a volunteer you can assist in enhancing the learning environment by working cooperatively with the school team.
7. That you as a volunteer you are responsible to the Principal or teacher for all actions relating to students. You shall NOT:
  - a) diagnose educational needs of students;
  - b) prescribe remediation;
  - c) evaluate the results of instruction;
  - d) carry out any instructional responsibilities unless under the direct supervision of a teacher;
  - e) disclose information about a student(s) or staff member(s) except through appropriate channels.
8. Failure to comply with these conditions or Horizon School Division No. 67 policies may result in termination of your position as a volunteer.

By signing this volunteer registration form I am agreeing to the conditions outlined above, as well as verifying that all information provided is accurate.

Signature: \_\_\_\_\_

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

**B. COMPLETE THE FOLLOWING ONLY IF YOUR VOLUNTEER POSITION PUTS YOU IN A POSITION TO BE ALONE WITH STUDENTS:**

1. Please list at least two references with whom the school may check:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. I have submitted a Police Information Check including a Vulnerable Sector Screening Check  Yes  No



**HORIZON SCHOOL DIVISION NO. 67**  
**POLICY GFA - Volunteers**  
**VOLUNTEER REGISTRATION FORM (FORM B)**

**SCHOOL YEAR:** \_\_\_\_\_

**VOLUNTEER 1:** Mr./Mrs./Ms.: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

**VOLUNTEER 2:** Mr./Mrs./Ms.: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ Postal Code: \_\_\_\_\_

**VOLUNTEER 1: Contact #'s:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**VOLUNTEER 2: Contact #'s:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**VOLUNTEER 1: Email Address:** \_\_\_\_\_

**VOLUNTEER 2: Email Address:** \_\_\_\_\_

**VOLUNTEER 1:** Please list any children or grandchildren registered in the above school?  
 \_\_\_\_\_  
 \_\_\_\_\_

**VOLUNTEER 2:** Please list any children or grandchildren registered in the above school?  
 \_\_\_\_\_  
 \_\_\_\_\_

**A. VOLUNTEER SECURITY DISCOLUSRE:**

Have you ever been charged or convicted of an offence under the *Criminal Code*, *Narcotic Control Act*, *Food and Drug Act*, or *Firearms Act* of Canada, or the criminals laws of any other country? (**Individual who have been granted pardons are not required to respond "Yes" to this question.**)

<u>Volunteer 1</u>	<u>Volunteer 2</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been the subject of an investigation or order under the *Child Welfare Act* of Alberta or equivalent legislation in any other province or country? (If you answer "Yes" to this question, you must submit a current Child Welfare Statement along with this form).

<u>Volunteer 1</u>	<u>Volunteer 2</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any conditions which might cause concern regarding your suitability as a volunteer?

<u>Volunteer 1</u>	<u>Volunteer 2</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**VOLUNTEER 1:**

If the answer to any of the above questions is "Yes" provide details including dates, depositions, and any other pertinent information:

**VOLUNTEER 2:**

If the answer to any of the above questions is “Yes” provide details including dates, depositions, and any other pertinent information:

**NOTE:** *Answering “Yes” to any one of the above questions will not automatically exclude an applicant from becoming a volunteer within Horizon School Division No. 67.*

As a volunteer, we would like to advise you of the following conditions:

1. 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 staff is honored.
2. That any information collected, used, generated and stored by Horizon School Division No. 67 including student, instructional, financial or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
3. 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.
4. That you must notify the principal of any new criminal charges at the time the charge is made.
5. That the teaching and administration staffs are responsible for student learning and discipline.
6. That as a volunteer you can assist in enhancing the learning environment by working cooperatively with the school team.
7. That you as a volunteer you are responsible to the Principal or teacher for all actions relating to students. You shall NOT:
  - a) diagnose educational needs of students;
  - b) prescribe remediation;
  - c) evaluate the results of instruction;
  - d) carry out any instructional responsibilities unless under the direct supervision of a teacher
  - e) disclose information about a student(s) or staff member(s) except through appropriate channels.
8. Failure to comply with these conditions or Horizon School Division No. 67 policies may result in termination of your position as a volunteer.

By signing this volunteer registration form I am agreeing to the conditions outlined above, as well as verifying that all information provided is accurate.

**VOLUNTEER 1:**

Signature: \_\_\_\_\_

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

**VOLUNTEER 2:**

Signature: \_\_\_\_\_

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

**B. COMPLETE THE FOLLOWING ONLY IF YOUR VOLUNTEER POSITION PUTS YOU IN A POSITION TO BE ALONE WITH STUDENTS:**

**1. VOLUNTEER 1:** Please list at least two references with whom the school may check:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**VOLUNTEER 2:** Please list at least two references with whom the school may check:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

1. I have submitted a Police Information Check including a Vulnerable Sector Screening Check

Volunteer 1  
 Yes  No

Volunteer 2  
 Yes  No



**HORIZON SCHOOL DIVISION NO. 67**  
**POLICY GFA - *Volunteers***  
**VOLUNTEER REFERENCE GUIDE**  
**(For volunteer positions alone with students)**

SCHOOL: \_\_\_\_\_

NAME OF VOLUNTEER: \_\_\_\_\_

NAME OF REFEREE: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ has applied as a \_\_\_\_\_ (e.g. coach/supervisor) volunteer in our school. It is district policy to conduct a reference check for individuals working in this type of volunteer assignment. You have been listed as a reference. We would appreciate it if you are able to respond to a few questions.

1. In what capacity do you know \_\_\_\_\_?
2. Have you ever observed \_\_\_\_\_ working with children/youth?
3. Based on your observations, can you describe \_\_\_\_\_ attitude toward children/youth?
4. Can you describe his/her approach to engaging in activities with children/youth?
5. Has \_\_\_\_\_ ever had a difficult situation to manage with youth or parents? If yes, how did he/she approach the situation?
6. If you have observed \_\_\_\_\_ interaction with parents, can you describe the nature of the relationship?
7. Would you describe \_\_\_\_\_ as collaborative or a team player?
8. Do you have any comments or concerns regarding \_\_\_\_\_ working with children/youth at the elementary/secondary level?

