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Volunteer Application Form

SCHOOL NAME:			DATE:	
VOLUNTEER				
NAME:	me Giv	en Names		
ADDRESS:	City		Postal C	ada
Street			Postarc	ode
TELEPHONE NUMB	ERS:			-
	Home		Work	
	ACT.			
EMERGENCY CONT	Name		Phone	
MEDICAL NUMBER:				
AREAS OF INTEREST:				
TIME(S) AVAILABLE:				
	and the second			
VOLUNTEER SITUATIONS PREFERRED (PLEASE CHECK):				
Classroom Volunteer, Grades Lunch Program				
Library Volunteer			Fundraising	
Technology Volunteer			Social Events	
Recycling Program Volunteer Office Volunteer			Phone Parent	
Office Volunteer Other				
REFERENCES				
1		Phone number		Polotionakin
Name		Phone number		Relationship
2.				
Name		Phone number		Relationship
	• 2			
CRIMINAL RECORD	CHECK			
 I am willing to submit to a criminal record check at no financial cost to myself. 				
CIONATUDE-				2. x
SIGNATURE:	ture of Volunteer		DATE:	
Signe				
APPROVAL:	ature of Principal		DATE:	
Signa	ture of Principal			



VOLUNTEER CODE OF CONDUCT

As a volunteer of _____ School (CISPG), I understand that:

- I will be supervised by a school employee and must follow that person's directions.
- I must adhere to the policies of the school and CISPG and the rules of the school in which I am volunteering.
- I must treat staff, parents and students with politeness and respect.
- I must deal judiciously with students and defer to the teacher's authority in all matters relating to the classroom.
- If I am uncertain about my role or any other matter, I will seek advice from the teacher with whom I am working or the principal, as appropriate.

VOLUNTEER CONFIDENTIALITY AGREEMENT

Students, staff and others working in the school have a right to expect that information about them will be kept strictly confidential by volunteers.

Therefore:

- I will not communicate anything I learn about any student or anything that I observe in the course of my
 volunteering to anyone other than appropriate school employees.
- I will not share information about students, even with others who may be genuinely interested in a student's welfare, such as social workers, recreational leaders, family friends, physicians, etc. except when legally required to do so.
- I will keep anything I learn about school employees or other volunteers strictly confidential.
- If I am asked for information concerning a student or staff members, I will refer the request to the teacher or principal before doing so.
- If I am in doubt about whether I may divulge information concerning a student or staff member, I will consult
 with the school principal before doing so.

DECLARATION

 I have read and agree to comply with the Volunteer Code of Conduct and the Volunteer Confidentiality Agreement.

SIGNATURE: