

**HORIZON SCHOOL DIVISION
POLICY GFA - Volunteers
VOLUNTEER REGISTRATION FORM**

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 DISCLOSURE:

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 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 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
VOLUNTEER AUTOMOBILE AND/OR DRIVER AUTHORIZATION**

Volunteers shall take note of the following:

1. The owner of the vehicle shall have a minimum of \$1,000,000 third party liability insurance coverage and shall inform the insurance company of the intention to use the vehicle for transporting students.
2. Students shall not be authorized to act as volunteer drivers. Drivers must be a minimum of 21 years of age.
3. The vehicles shall have seat belts for each passenger and the driver and seat belts shall be worn. In no case shall a seat belt be used for more than one person.

School _____

Volunteer Driver's Name _____ Phone No. _____

Address _____

Driver's License No. _____ Class _____ Expiry Date _____

Registered Owner of Vehicle _____

Type of Vehicle Used _____ Make _____ Model _____

Name of company you are insured with _____

I have notified my insurance company: _____ Yes _____ No

Policy No. _____ Expiry Date _____

Agent _____

Third Party Liability Limits \$ _____

I hereby declare that:

1. The vehicle described above is road worthy and that the information provided is complete and accurate.
2. I agree to drive safely in accordance with the requirements of the Highway Traffic Act and City Traffic Bylaws. I will advise the principal of any related vehicle accidents, of any suspensions of my license, or changes in the status of my insurance coverage which may occur after the date of this authorization while this authorization remains in force.
3. I confirm that my driver's license is valid and has not been suspended, that the vehicle is regularly maintained, is operating properly, and has no known mechanical defects that impair safe operation of the vehicle, and that I am 21 years of age or older.

Signature of Owner

Based on the above declaration I hereby authorize the above named automobile and/or driver to be used on a voluntary basis for the period _____ for the purpose of _____

Principal OR Designate Signature

Date

Attach a copy of the driver's license and pink card.

Original to Principal's Office

Copy to Volunteer