

School District No. 36 (Surrey)

VOLUNTEER INFORMATION SHEET

School and/or Program _____

| | |
|---|---------------|
| Volunteer Name: _____ | |
| Address: _____ | |
| Telephone: Home: _____ | Work: _____ |
| Cell: _____ | E-mail: _____ |
| Proposed activity (team, club, class or activity): _____ | |
| Relevant experience: _____ | |
| Formal training / First aid qualifications: _____ | |

| | |
|---|--------------------|
| The Surrey School District provides Accident and Liability Insurance to protect volunteers while acting for the District. Please see your Principal for details. | |
| I accept all of the risks and the possibility of personal injury or property damage resulting from my volunteer activities. | |
| Volunteer Signature: _____ | Date: _____ |

| | | | |
|----------------------------------|-------|-------|--------------------|
| Criminal Record Check (PIC-VS): | Yes | No | Date issued: _____ |
| Staff Sponsor (print & sign): | _____ | _____ | |
| Administrative Officer Approval: | _____ | | |

Date Approved: _____