SCHOOL DISTRICT NO. 36 (SURREY)

VOLUNTEER APPLICATION FORM

VOLUNTEER INFORMATION | *To be completed by the volunteer*	
School and/or Program	Application for School Year **20 - 20**
Volunteer Name	Student Name(s) & Relationship to Volunteer
Residential Address	
Telephone - Home	Work
Cell	E-mail
Emergency Contact Name	Emergency Contact Phone
Relationship to School Community: ☐ Parent/Guardian ☐ Family Member ☐ Community Member ☐ District Employee ☐ Other:	
Proposed Volunteer Activity	
Relevant Experience	
Formal Training / First Aid Qualifications	

VOLUNTEER ACKNOWLEDGEMENT | *Please read and sign*

Insurance Information: The Surrey School District provides accident and liability insurance coverage for volunteers while they are acting on behalf of the District. Please contact your Principal for additional information.

Acknowledgement of Risk: I understand that volunteer activities may expose volunteers to risks including slips, trips and falls, contact with students, staff, and members of the public, communicable diseases, weather conditions, transportation-related hazards, and other unforeseen circumstances that may result in injury, illness, property damage, or other loss. I agree to follow the instructions of school district staff, exercise reasonable care, and promptly report safety concerns, injuries, incidents, or hazards to school staff.

Volunteer Expectations: As a volunteer, I agree to:

☐ Follow the instructions and direction of school district staff.

☐ Respect student, staff, and family privacy and keep information confidential.

☐ Maintain appropriate boundaries with students.

☐ Report safety concerns, injuries, incidents, or hazards to school staff.

☐ Follow applicable school and district policies, procedures, and expectations.

Privacy Notice: *Personal information collected in this form is for the purpose of assessing participation as a volunteer. For questions, please contact privacy@surreyschools.ca. This information is collected by Surrey Schools under s.26(c) of the Freedom of Information and Protection of Privacy Act.*

Volunteer Signature:	**Date:**
_____	_____

SCHOOL VERIFICATION AND APPROVAL | *School use only*

Verification Item	Status | *Check box*	Date / Sign-off
Criminal Record Check (CRC)	☐ Cleared	Date Issued: _____
Staff Sponsor Name		Name: _____
Principal / Vice-Principal Approval	☐ Approved	Signature: _____ Date: _____