

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: _____	

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

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

Date Approved: _____