

ADMINISTRATIVE PROCEDURE



VOLUNTEER INFORMATION FORM

The role of volunteering with the District School Board of Niagara (DSBN) generally involves interaction with students to varying degrees, and as well, places volunteers in a position of trust and confidence with regard to information they may receive. The DSBN's 'duty of care' for our students requires that we take reasonable steps to determine the suitability of prospective volunteers. We thank you for providing us with information in our screening process for volunteers.

Date: _____

Name: _____

Address: _____

Telephone: Home: _____ Work: _____

E-mail: _____ Cell: _____

Child/Ward Name(s): _____

Emergency Contact Name: _____ Telephone: _____

Training: _____

Certification: _____

Experience with Children or Teens: _____

Availability: _____

CRIMINAL RECORD

Have you ever been convicted of a criminal offence for which a pardon was not granted? Yes No

If Yes, please provide an explanation: _____

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REFERENCES

Name of Reference #1: _____

Employer/Relationship: _____

Position/Activity: _____

Telephone Number: _____

Name of Reference #2: _____

Employer/Relationship: _____

Position/Activity: _____

Telephone Number: _____

I certify that the information provided on this form is accurate and complete. As soon as information on this form requires revision, I will provide it to the school.

Signature of Prospective Volunteer: _____ Date: _____

Personal information on this form is being collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act for administrative purposes as determined in the School Volunteers Policy. Questions regarding the collection and use of this information may be directed to the Director of Education, District School Board of Niagara, 191 Carlton Street, St. Catharines, Ontario, L2R 7P4 (905-641-1550).

FOR OFFICE USE ONLY

Volunteer Information Form Accepted Yes No

Volunteer Driver Acknowledgement Form Received Yes No

Police Criminal Record Check – Police Vulnerable Sector Check Received Yes No

Signature of School Administrator: _____ Date: _____