

St. Joseph the Worker School Volunteer Application



<u>PRINT FULL NAME:</u> First, Middle, Last		Date of Birth
Address: City, Province, Postal Code		Contact telephone numbers and e-mail address (if available)
Social Insurance Number	Emergency Contact Name	Emergency Contact Telephone
<u>Name of Student(s) in the School:</u>	<u>Type of Volunteer</u> <input type="checkbox"/> Parent or Guardian <input type="checkbox"/> Business Community Member <input type="checkbox"/> Senior Citizen <input type="checkbox"/> College / University Student <input type="checkbox"/> School Student <input type="checkbox"/> Other (Please specify below)	<u>Volunteer Position</u> <input type="checkbox"/> Field Trip Chaperone <input type="checkbox"/> Classroom/Library Aid <input type="checkbox"/> Office Aid <input type="checkbox"/> Mentor/Tutor <input type="checkbox"/> Other (Please specify below)

Volunteer Application Agreement, Authorization, and Release

As a volunteer, I agree to abide by all policies and regulations as set forth by the School Board of St. Joseph the Worker School. I understand that the completion of a criminal history background screening report is required, based on the information I have provided in this application. I hereby authorize St. Joseph the Worker School, to conduct this background screening process, which may include, but not be limited to, a criminal records report and a sex offender registry report. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my volunteer service.

I believe, to the best of my knowledge, that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release.

Volunteer Signature	Date
Principal or Administrative Staff Signature	Date

Pledge of Confidentiality

As a volunteer of St. Joseph the Worker School, I acknowledge and understand that I may/will have access to personal information about others, including students, the confidentiality and protections of which is governed by *The Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Act*. I further acknowledge and understand that the School has established written policies and procedures containing provisions of security. Therefore, while volunteering, I will not breach confidentiality by inquiring into and accessing teachers' computers, planners, desks, files, etc., unless given permission by the classroom teacher or administrator. I understand that I am bound by the policies and procedures established by the School in accordance with the Act and I am aware that a consequence of breaching them is prosecution under the Act, and or/disciplinary action.

Volunteer Signature	Date
Principal or Administrative Staff Signature	Date

SCHOOL USE ONLY

<u>Type of Volunteer</u> (circle one) Permanent Occasional	<u>Criminal Record Check</u> Date Conducted: _____ Cleared: Y N	<u>Background Screening</u> Applicant approved for volunteer service: Y or N By: _____ Date: _____ Print name: _____
	<u>Child Abuse Registry</u> Date Conducted: _____ Cleared: Y N	