

ADMINISTRATIVE PROCEDURE



**VOLUNTEER INFORMATION FORM**

*The role of volunteering with the District School Board of Niagara 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 Board'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: \_\_\_\_\_

Emergency Contact - Name: \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Training: \_\_\_\_\_

Certification: \_\_\_\_\_

Experience with Children or Teens: \_\_\_\_\_  
\_\_\_\_\_

Availability: \_\_\_\_\_

Orientation/Training Needed: \_\_\_\_\_

**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: \_\_\_\_\_

Would you be willing to obtain a Criminal Record Check?.....  Yes  No

**Continued on Reverse** ⇨ ⇨ ⇨

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**REFERENCES** (Optional)

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**

Application Accepted.....  Yes  No

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_