



550 Poirier Street Coquitlam British Columbia V3J 6A7 | Phone 604-939-9201 | Fax 604-939-7828

SCHOOL VOLUNTEER APPLICATION

(ADMINISTRATIVE PROCEDURE 495)

Please complete both sides of this form and return it to the Principal. Depending on the activity, school volunteers may be required to provide a Criminal Record Check at no extra cost to the individual.

Volunteer Name: _____
Last First Initial

Address: _____

Email Address: _____ Phone: _____

Work Phone: _____ Cell: _____

School: _____

Names of Children at this School: _____

Emergency Contact: _____
Name Phone Number

Medical Concerns: _____

Family Doctor: _____
Name Phone Number

Staff Contact: _____

Proposed activities (team, club or class): _____

Pertinent experience for proposed activities: _____

Formal training (if applicable): _____

First Aid or other emergency training: _____

References:

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

Criminal Record Check:

_____	_____
Date completed	Date Submitted

I certify that the information given in this form is true and correct and I agree that falsification or omission of information called for may result in my removal as a volunteer. I agree to all school and district policies and procedures. To ensure the safety and well-being of children, I am aware that I may be asked to provide a copy of a Criminal Record check.

_____	_____
Signature	Date

Administrator Approval: _____

Date Approved: _____

Board Minutes
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