

....a caring community working and learning together...

Dear Volunteer (Driver),

Thank you for wanting to help with school activities! We really appreciate parents and others who donate their time and help make school a wonderful learning experience for students. We are also most appreciative of your assistance in providing transportation for students in your private vehicle.

Each year we ask that Volunteer Drivers provide us with a Driver's Abstract. This can be easily obtained at www.ICBC.com or by calling 1-800-950-1498. The document will then be faxed, mailed, or emailed to you, or you can send it directly to us at anmore@sd43.bc.ca or FAX: 604-937-8001. The information will be kept in a confidential file in the school.

In addition, we would need the following (attached) items completed:

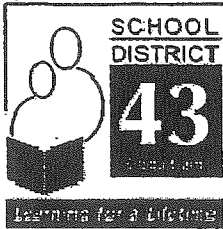
- **School Volunteer Application**
- **Code of Conduct**
- **Coquitlam RCMP Police Information Check (Criminal Record Check)** for RCMP located at 2986 Guildford Way, Coquitlam. They can usually do it in 5-10 minutes.
- **Driver Certification & Vehicle Specifications** (volunteer drivers need to carry a minimum of \$1,000,000 in liability coverage on their vehicles.)

To obtain a Criminal Record Check, you will also need to show the RCMP the attached Fee Waiver letter and two pieces of government issued ID (any two; BC Driver's License, BC Services Card, Permanent Residence Card, Citizenship Card, Passport, Birth Certificate, NEXUS). The Criminal Record Check is valid for 5 years.

Thanks again for your generous assistance in transporting our students.

Yours truly,

Anmore Elementary



School District 43 Coquitlam 550 Poirier Street, Coquitlam, BC V3J 6A7
ph. 604-939-9201

SCHOOL VOLUNTEER APPLICATION

(Administrative Procedure 495)

All Volunteers at Anmore Elementary School: Please complete this form and return it to the Principal. Depending on the activity, school volunteer may be required to provide a Criminal Record Check at no extra cost to the individual.

Volunteer Name: Last _____ First _____

Address: _____

Email Address: _____

Phone: home _____ work _____ cell _____

Names of Children at this school: _____ division # _____
_____ division # _____
_____ division # _____
_____ division # _____

Emergency Contact: Name _____ Ph. # _____

Family Doctor: Name _____ Ph. # _____

Medical Concerns: _____

First Aid or other emergency training : _____

References: Name _____ Ph. # _____

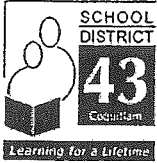
References: Name _____ Ph. # _____

Criminal Record Check: Date checked by RCMP _____
Date submitted to school _____

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 signed: _____

Administrator Approval: _____ Date Approved: _____



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

SCHOOL VOLUNTEER CODE OF CONDUCT (ADMINISTRATIVE PROCEDURE 495)

In order to help secure the safest possible environment for students, this document defines the district's expectations for all school volunteers.

As a volunteer, I agree to abide by the following Volunteer Code of Conduct.

1. I agree to act in a respectful manner and practice an ethic of care with all children and members of the school community.
2. I agree to abide by all instructions and directions given to me by the supervising teacher while volunteering.
3. I have spoken with the supervising teacher about student behaviour and expectations and understand my role in responding to students.
4. I will maintain confidentiality at all times.
5. I will not contact students outside of school hours without permission from the principal.
6. As per AP 495, I may be required to complete a Criminal Record Check.
7. I will abide by *Administrative Procedure 253* when transporting students.
8. I will abide by all school and district policies and procedures.
9. I will not use my access to students or volunteer responsibilities for personal gain.

I agree to follow the Volunteer Code of Conduct at all times.

Print Name

Date

Signature

**VOLUNTEER DRIVER CERTIFICATION FOR INSURANCE &
VEHICLE SPECIFICATIONS** (formerly F253-1).

DRIVER'S NAME		
DRIVER'S ADDRESS		
DRIVER'S PHONE NUMBER		
DRIVER'S LICENCE NUMBER		
VEHICLE OWNER'S NAME <i>(if different)</i>		
VEHICLE OWNER'S ADDRESS		
VEHICLE OWNER'S PHONE NUMBER		
MAKE & MODEL OF VEHICLE		
YEAR OF VEHICLE		
LICENSE PLATE NUMBER		
INSURED LIMIT <i>(3RD Party Liability)</i>		
NUMBER OF SEAT BELTS IN VEHICLE		
EQUIPPED WITH PASSENGER-SIDE AIRBAG	YES	NO

To the best of my knowledge the vehicle identified above is in safe, road worthy condition and my driver's license is in good standing.

I understand that each student transported must wear a seat belt.

I understand that I will be requested to provide an abstract of my driving record and a criminal record check to the school office.

I accept responsibility for notifying the school of any changes in the above information.

Driver's Signature

Date

Volunteer drivers must refrain from smoking and talking on cell phones while transporting students on school events per Administrative Procedure 255 (formerly F253-1).

Last reviewed: October 2017

Coquitlam RCMP-GRC

Police Information Check

Police Use Only - Protected "A"	
File No.:	
Applicant No. :	

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	Number:
Type of ID Produced:	Number:

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:

- Any applicable fee (see website for costs and payment options).
- 2 pieces of current Government issued Identification - One piece photo identification with current address and one piece verifying name and date of birth.

If you are unable to provide proper identification the police agency cannot complete your check.

Your Police Information Check will review all available law enforcement systems, including any local police records.

This check will NOT include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences.

The results of this check will not be forwarded to a third party

(with the exception of confirmed positive Vulnerable Sector responses, or if a "Duty to Warn" arises).

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)	
PREVIOUS NAMES (including name changes and birth/maiden name)		SEX (circle one) M F	
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:		
ADDRESS (Apartment, street # and name)	CITY	PROV	POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)		

PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)			*Check Completed (office use only)
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

REASON FOR APPLICATION (check appropriate): Volunteer (attach letter) - Employment Other (specify below)

Key Contact Name: _____

Volunteer Agency/Employer Name: _____

Volunteer Agency/Employer Address and Phone Number: _____

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: YES NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant Date of Birth
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VULNERABLE SECTOR APPLICANTS:

FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Reason for Consent:

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the paid or volunteer position (*what you will be doing*): _____

Provide details regarding the children or vulnerable person(s)
(*what ages, type of client(s) you will be in authority over*): _____

Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature of Applicant	Date Signed
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DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act*, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a "young person" (younger than eighteen years), pursuant to the *Youth Criminal Justice Act*.

Date of Conviction	Nature of Offence	Location/Jurisdiction

Signature of Applicant	Date signed
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Applicant Name	Applicant Date of Birth
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SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE

I request and consent to the Coquitlam RCMP-GRC and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the City of Coquitlam, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

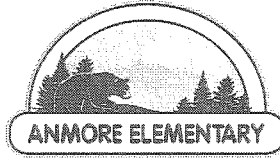
Signature of Applicant

Date Signed

*******FOR OFFICE USE ONLY*******

<u>QUERY TYPE</u>	<u>Queried by:</u>	<u>Negative</u>	<u>Attached</u>	<u>Date</u>
<u>CPIC</u>				
<u>PRIME</u>				
<u>PIP/LEIP</u>				
<u>JUSTIN</u>				
<u>VS – FP REQ.</u>				

NOTES (office use only):



.... a caring community working and learning together...

Date: _____

Coquitlam RCMP
2986 Guildford Way
Coquitlam, B.C.

RE: CRIMINAL RECORDS CHECK for: _____

Volunteer Position for: _____

To Whom It May Concern:

The individual before you will be volunteering at our school. To fulfill the requirements for school volunteers in School District #43 (Coquitlam), he/she requires a **free** Criminal Record Check.

If you have any questions regarding this individual's application for a criminal record check please contact me at 604-469-9926.

Thank you for your assistance.

Jason Hewlett
Principal