SCHOOL DISTRICT 43 Coquitlam
Learning for a Lifetime

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

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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