



School District No. 43 Coquitlam

# KWAYHQUITLUM MIDDLE SCHOOL

Dear Volunteer:

As in past years, we acknowledge that school volunteers provide a valuable contribution to the successful operation of our school. The support volunteers provide to Kwayhquiltum Middle students has a direct and positive influence on the quality of education for our students.

Volunteer activities may include:

- volunteering with small groups or individual students;
- assisting students with special projects;
- assisting with coaching opportunities;
- providing transportation and supervision on field trips and extra-curricular events; and
- assisting staff with organizational tasks.

While encouraging volunteer involvement in our school, we are also committed to providing a safe, secure and caring environment for all of our students as per approved volunteer procedures in our District. To support this, we ask that volunteers fill in the attached forms.

**VOLUNTEER CHECKLIST** - for volunteers who will NOT be driving students at any time during the school year:

- Complete the "School Volunteer Application" form – REQUIRED ONCE while child(ren) @ Kwayhquiltum Middle
- Complete the School "Volunteer Code of Conduct" form – REQUIRED ONCE while child(ren) @ Kwayhquiltum Middle
- Obtain a "Criminal Record Check" - REQUIRED EVERY 5 YEARS (see instructions below).

**VOLUNTEER DRIVER CHECKLIST** – If you will be driving students the following forms are REQUIRED EACH YEAR in addition to above:

- Complete the "Driver Certification of Insurance and Vehicle Specifications" form
- Obtain a free "Driver's Abstract" from ICBC (see instructions below)

**NOTE:** We require our volunteer drivers to carry a minimum of \$1,000,000 in liability coverage on their vehicles.

**CRIMINAL RECORD CHECK – How to get one**

You can obtain a criminal record check by taking this form along with the School Volunteer application form to your city police station. Please identify that you will be a volunteer for School District No. 43 (Coquitlam).

**DRIVER'S ABSTRACT – How to get one**


You can obtain a printed copy of your **driver's abstract** free of charge by attending an ICBC point of service and presenting your driver's license or by telephoning 1-800-950-1498 (ICBC Customer Service). The document will then be sent within minutes, or mailed to you. For your convenience, you are welcome to have ICBC email your driver's abstract to [108-secretary@sd43.bc.ca](mailto:108-secretary@sd43.bc.ca).

If you have any questions about volunteering at Kwayhquiltum Middle or the process, please do not hesitate to call us.

We would like to take this opportunity to again thank you for your generous assistance in volunteering for our students.

Yours truly,

  
L. Ebenal  
Principal

  
C. Lloyd  
Vice- Principal



Student's Last Name

Student's First Name

# KWAYHQUITLUM MIDDLE SCHOOL VOLUNTEER APPLICATION

(Administrative Procedure 495)

Please complete this form and return it to the School office. School volunteers are required to provide to a Criminal Record Check at no extra cost to the individual.

Volunteer Name: \_\_\_\_\_  
Last Name First Name Initial

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Children at Kwayhquiltum Middle: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone Number

Medical Concerns: \_\_\_\_\_

Family Doctor: \_\_\_\_\_  
Name Phone Number

Staff Contact: \_\_\_\_\_

Proposed activities (team, club, class, etc.): \_\_\_\_\_

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 am to provide a copy of a Criminal Record Check.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
L. Ebanal, Principal Date



## 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 direction 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.**

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Print Name

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Date

**VOLUNTEER DRIVER CERTIFICATION FOR INSURANCE &  
VEHICLE SPECIFICATIONS**

STUDENT'S NAME:	Div:
DRIVER'S NAME:	
DRIVER'S ADDRESS:	
DRIVER'S PHONE NUMBER:	
DRIVER'S LICENSE NUMBER:	
VEHICLE OWNER'S NAME (if different):	
VEHICLE OWNER'S ADDRESS:	
VEHICLE OWNER'S PHONE NUMBER:	
MAKE AND MODEL OF VEHICLE:	
YEAR OF VEHICLE:	
LICENSE PLATE NUMBER:	
INSURED LIMIT - 3 <sup>RD</sup> PARTY LIABILITY: (minimum of \$1,000,000.)	
NUMBER OF SEAT BELTS IN VEHICLE:	
EQUIPPED WITH PASSENGER-SIDE AIRBAGS      YES <input type="checkbox"/> NO <input type="checkbox"/>	

- 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.
- I am aware that volunteer drivers must refrain from smoking and talking on cell phones while transporting students on school events as per Administrative Procedure 253.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date



School District No. 43 Coquitlam

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## KWAYHQITLUM MIDDLE SCHOOL

Date: \_\_\_\_\_

Dear RCMP/Police Detachment:

**RE: CRIMINAL RECORD CHECK**

This is to verify that \_\_\_\_\_ has applied to become a volunteer at Kwayhquitlum Middle School. Please provide the applicant a criminal record check at the volunteer rate.

Thank you,

Laurie Ebenal  
Principal