



TERRY FOX SECONDARY SCHOOL

1260 Riverwood Gate
Port Coquitlam BC
V3B 7Z5

Phone: 604-941-5401
Fax: 604-941-1777

Volunteers in Schools / Volunteer Drivers

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 (**school name**) 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 our students. The Board of Education of School District No. 43 (Coquitlam) recently approved volunteer procedures, which are now in effect. To support this, we ask that volunteers fill in the attached forms.

VOLUNTEER DRIVER CHECKLIST – Note: We require our volunteer drivers to carry a minimum of \$1,000,000 in liability coverage on their vehicles.

- Complete the “*School Volunteer Application*” form
- Complete the “*Driver Certification of Insurance and Vehicle Specifications*” form
- Complete the School “*Volunteer Code of Conduct*” form
- Obtain a free “*Driver’s Abstract*” from ICBC (see instructions below)
- Obtain a free “*Criminal Record Check*” (see instructions below).
- Return all of the above to the school in the envelope provided

VOLUNTEER CHECKLIST (for volunteers who will not be driving students at any time during the school year)

- Complete the “*School Volunteer Application*” form
- Complete the School “*Volunteer Code of Conduct*” form
- Obtain a “*Criminal Record Check*” (see instructions below).
- Return all of the above to the school in the envelope provided

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 faxed within minutes, or mailed to you. For your convenience, you are welcome to have ICBC fax your driver's abstract to our school at 604-941-1777.

CRIMINAL RECORD CHECK – How to get one

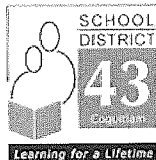
Complete the "*Consent for Disclosure of Criminal Record Information*" form. Take this form, the Volunteer letter from the Principal, and picture I.D. to the Coquitlam RCMP detachment at 2986 Guildford Way corner of Pinetree Way (604-945-1550). You may receive the criminal record check on the spot or within a day or two.

If you have any questions about volunteering at Terry Fox or the process, please do not hesitate to call me at 604-941-5401.

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

Yours sincerely,

Heather Murphy
Principal



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: _____

VOLUNTEER DRIVER CERTIFICATION FOR INSURANCE & VEHICLE SPECIFICATIONS

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 253.

Board Minutes
June 2007 Volume 49

VOLUNTEER DRIVER CERTIFICATION FOR INSURANCE & VEHICLE SPECIFICATIONS

Dear Volunteer Driver:

We are most appreciative of the assistance you provide our school when transporting the students in your private vehicle.

Each year, we require our volunteer drivers to complete a Volunteer Driver Certification form, as attached, before they transport students. We also ask you to provide us with both a driver's abstract and a criminal record check. 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 faxed, mailed or e-mailed to you. The information will be kept in a confidential file in the school. A criminal record check can be obtained by contacting the Coquitlam RCMP (604-945-1550) or the Port Moody Police (604-461-3456).

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

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

Yours truly,

SCHOOL DISTRICT NO. 43 (COQUITLAM)

Principal

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.

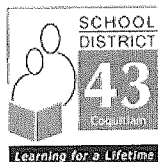
Signature

Date

Administrator Approval:

Date Approved:

Board Minutes
June 2007 Volume 49



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

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Yours truly,

SCHOOL DISTRICT NO. 43 (COQUITLAM)

Principal



Royal Gendarmerie
Canadian royale
Mounted du
Police Canada

CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION

IF COMPLETED MANUALLY, PLEASE PRINT

PART 1

Surname		Given name (1)		Given name (2)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Tel. no. (incl. area code)	
Address (no., street, apt.)			City		Province		Postal code		
Date of birth (yyyy-mm-d)		Place of birth		Driver's licence no.		Usual first name or alias		Maiden name	
Previous address if less than 5 years at current address Address (no., street, apt.)			City		Province		Postal code		

PART 2

Pursuant to Section 8(1) of the Privacy Act of Canada, I hereby authorize the Royal Canadian Mounted Police to disclose my personal information to:

Full name		Title		Name of organization				
Address (no., street, apt.)			City		Province		Postal code	

PART 3

WAIVER AND RELEASE:
I hereby release and forever discharge Her Majesty the Queen in Right of Canada, the Royal Canadian Mounted Police, their members, employees, agents and assigns from any and all actions, causes of actions, claims and demands for damages, loss or injury, which may hereafter be sustained by myself, howsoever arising out of the above authorized disclosure of information and waive all rights thereto.

PART 4

This consent is valid for a period of three months from the date of signature.
Signed this _____ day of _____ Signature of applicant _____

PART 5

Following is information contained in the records of the RCMP or records from other police forces accessible through computer queries and is based on a name and date of birth check only. ****A record may or may not exist** for the subject of this inquiry, positive identification and a certified criminal records check can only be obtained through a fingerprint check. This can be made with the submission of a complete set of fingerprints to:

INFORMATION AND IDENTIFICATION SERVICES
CANADIAN CRIMINAL RECORD INFORMATION SERVICES
BOX 8885
OTTAWA, ONTARIO K1G 3M8

YOUNG OFFENDER INFORMATION - The Young Offenders Act makes it an offence to disclose young offender information. In cases where an adult's record contains young offender information or a young offender requests a copy of his/her criminal record, the criminal record information **MUST** be given to the requester. Individuals can disclose their own information, but even with consent the RCMP are not legally permitted to disclose young offender information.

INSTRUCTION TO REQUESTERS: The following section contains varying degrees of police information.

- Confirm with the party identified in PART 2, the exact information they require.
- Choose the category which best symbolizes the information you are providing consent for the RCMP to disclose and place your initials in the appropriate INITIALS box.
- The party identified in PART 2 will be advised accordingly of negative checks.
- Checks resulting in possible "hits" for information identified in categories 1, 2 or 3 will require confirmation by the submission of fingerprints.
- You will be required to confirm that information located through the checks stipulated in category 4, is your personal information.
- You may withdraw this consent prior to disclosure.

No.	Initials	Category of Information for Disclosure	FOR POLICE USE ONLY
1.		Records of criminal convictions found in the Identification Data Bank attainable through the Canadian Police Information Centre (CPIC) for which a pardon has not been granted. RCMP: Make CPIC Criminal Record "LEVEL 1" Query ONLY.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
2.		Records of criminal convictions attainable through CPIC for which a pardon has not been granted plus records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC. RCMP: Make CPIC Criminal Record "LEVEL 1" Query AND a Persons CPIC Query.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
3.		Records of criminal convictions and summary of police information (including records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC) attainable through CPIC for which a pardon has not been granted plus records of discharges which have not been removed from the Identification Data Bank in accordance with the Criminal Records Act. This will include all charges regardless of disposition. RCMP: Make CPIC Criminal Record "LEVEL 2" Query AND a Persons CPIC Query.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
4.		Police information located on computer systems (e.g. Police Information Retrieval System (PIRS), CPIC) and information located through local police indices checks. This will include all information related to non convictions and all charges regardless of disposition. RCMP: Make Persons Queries on PIRS and CPIC. In view of the general nature of this information confirm with requester this is in fact information pertaining to him/her. Requesters MUST confirm information which pertains to them prior to disclosure. If a discrepancy exists, do not disclose this information.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist

COMPLETED BY

Member (signature)	Reg. no.	Unit	Date
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School District No. 43 (Coquitlam)

TERRY FOX SECONDARY SCHOOL

1260 Riverwood Gate
Port Coquitlam, B.C.
V3B 7Z5

Phone: 604-941-5401
Fax: 604-941-1777

September 2013

Coquitlam RCMP
2986 Guildford Way
Coquitlam BC

To Whom it may concern

The individual _____ before you will be volunteering at our school during the 2012-2013 school year. In order 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 604-941-5401.

Thank you for your assistance.

Heather Murphy

Principal
Terry Fox Secondary