SCHOOL VOLUNTEER APPLICATION

(AS PER 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.

Volunteer Name:			
Address:	Last	First	Initial
		Phone:	
School:			
Names of Children at th	is School:		
Emergency Contact: _			
	Name		Phone Number
Medical Concerns:			
Family Doctor:	Name		
01-41 011-	Name		Phone Number
Proposed activities (tea	m, club or class):		
Pertinent experience for	r proposed activities:		
Formal training (if applic	cable):		
First Aid or other emerg	ency training:		
· ·			

Name	Phone Number
Name	Phone Number
riminal Record Check:	
led for may result in my removal as a volunteer. I agr	ee to all school and district policies and procedure
ertify that the information given in this form is true and led for may result in my removal as a volunteer. I agr safety and well-being of children, I am aware that I	I correct and I agree that falsification or omission ee to all school and district policies and procedure may be asked to provide a copy of a Criminal Rec
Date completed ertify that the information given in this form is true and led for may result in my removal as a volunteer. I agree safety and well-being of children, I am aware that I	I correct and I agree that falsification or omission ee to all school and district policies and procedure
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Last reviewed: October 2016