



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.

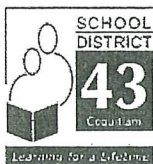
1. I agree to act in a respectful manner and practice an ethic of care with all children and members of the school community.
2. I agree to abide by all instructions and directions given to me by the supervising teacher while volunteering.
3. I have spoken with the supervising teacher about student behaviour 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