

## MEDICINE HAT CATHOLIC BOARD OF EDUCATION Volunteer Registration Form

Medicine Hat Catholic Schools appreciates the services of all of its volunteers. In order to ensure your safety and the safety of all our students, all volunteers must complete this registration form. Please print legibly and complete the entire form. The information on this form will be held in strict confidence. This volunteer registration form will be held for three years from date of completion. Those individuals involved with the following mentioned activities shall be required to provide a Police Information Check and an Intervention Record Check prior to assuming duties. (Involvement with sport teams, overnight field trips, activities involving supervision where Division staff members are not in attendance at all times, driving students).

\_\_\_\_\_

Last Name                                      First Name                                      Middle Name

Home Address:

\_\_\_\_\_

Apt.#                      Street                      City                      Province                      Postal Code

Home Phone: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Name of School you will be volunteering in:  
\_\_\_\_\_

Do you have a child/children attending this school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list by name and grade:

_____	_____
Name	Grade
_____	_____
Name	Grade
_____	_____
Name	Grade

If no, children attending, please list at least two references we may contact:

_____	_____
Name/Address	Phone number
_____	_____
Name/Address	Phone number



**As a volunteer we advise you of the following conditions:**

1. Principals are responsible for all volunteers present in the school or performing volunteer activities for the school while not on school premises. All volunteers are subject to the direction of the principal at all times.
2. Volunteers shall at all times act in accordance with Division policies and regulations, school policies and rules and will conduct themselves in such a manner in keeping with the Division's core values.
3. Any information collected, used, generated and stored by Medicine Hat Catholic Schools including student, instructional, financial or administrative information is strictly confidential and to be used only in the performance of volunteer duties.
4. Volunteers may not disclose, communicate, publish, take, alter, copy, interfere with or destroy any information unless you are specifically authorized to do so by the principal.
5. All volunteers are required to complete the Volunteer Registration form once every three years, prior to commencing any activities in the school.
6. All volunteers who may be engaged in the following activities shall be required to provide a Police Information Check and an Intervention Record Check prior to assuming any volunteer duties.
  - 6.1 Involvement with sports teams;
  - 6.2 Overnight field trips;
  - 6.3 Activities involving the supervision of students where Division staff members are not in attendance at all times; or,
  - 6.4 Driving students in Division or Non-Division owned vehicles.
7. All volunteers are to register with the school office at the beginning of each day, and, while engaged in volunteer activities, will wear appropriate identification.
8. If a volunteer is charged with a criminal offence during the course of volunteering, the volunteer must immediately notify the principal of the school of all charges laid, excluding minor traffic offences.
9. Failure to comply with any of these conditions may result in termination of a volunteer's duties.

Have you completed a Police Information Check (PIC)? \_\_\_\_\_ (Yes or No)

Do you have a criminal record for which you have not received an official pardon?  
\_\_\_\_\_ (Yes or No)

Have you completed a Child Services Intervention Record Check (CSIRC)?  
\_\_\_\_\_ (Yes or No)

Have you ever been investigated by Children and Youth Services?  
\_\_\_\_\_ (Yes or No)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Parent/Guardian Signature (if volunteer is under 18 years of age)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Reference: Section 20, 27, 60, 61, 113 School Act; Freedom of Information and Protection of Privacy Act

