



SD 59 Annual Volunteer Registration Form

Valid only for the current school year

In order to ensure the security and safety of our staff and students, all volunteers in our schools **need to be registered**. This form must be completed annually. The information collected on this form will be held in strict confidence

A volunteer is:

Someone who assists schools and/or students either in curricular or extra-curricular activities including volunteer drivers and students volunteering outside their school.

Volunteers do not include:

- Guest speakers
- Presenters
- Visitors to the school
- Parents assisting their own child in the school
- School PAC members
- Students volunteering in their own schools

You must be 13 years or older to register as a volunteer. SD 59 students are not required to apply to volunteer in their own school. Students wanting to volunteer in another school are required to apply to volunteer.

Name of School or Department:		School Year:	
Your Name: (Last Name, First Name)		<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
If different from above, the name your Police Information Check (PIC) was registered under:		Date of birth: (YYYY/MM/DD)	
Mailing Address: (with Postal Code)			
Daytime Phone:	Evening Phone:	Cell Phone:	
Do you have children registered in this school?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, please list name and teacher or homeroom:			
Name of Student:	Teacher/Homeroom:		
You may be asked to provide two references (Principal's discretion)			
Name of Reference:		Telephone Number:	

Which position do you volunteer for most often?

<input type="checkbox"/> Volunteer Monitor	<input type="checkbox"/> Hot lunch volunteer
<input type="checkbox"/> Field trip volunteer	<input type="checkbox"/> Volunteer driver
<input type="checkbox"/> In-class volunteer	<input type="checkbox"/> Other

Do you have a Police Information Check on file?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Do you have a criminal record for which you have received and official pardon?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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As a volunteer, we would like to advise you of the following conditions:

1. Confidentiality is of the utmost importance in the school setting in order to ensure that the dignity and worth of students, parents, volunteers and school staff is honored.
2. Any information collected, used, generated, and stored by School District No.59 including student, instructional, financial, or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
3. You may not disclose, communicate, publish, take, alter copy, interfere with, or destroy any information unless you are specifically authorized to do so by the teacher or principal.
4. You must notify the principal of any new criminal charges at the time the charge is made.
5. The teaching and administration staff is responsible for student learning and discipline.
6. School administration, teaching, and support staff have specific roles to play and it is important that the staff of a school operate as a team.
7. You as a volunteer can assist greatly in enhancing student learning by working positively and cooperatively with the school team.
8. Any failure to comply with these conditions or School District 59 **Policy and Regulation 4225 Volunteers in Schools** may result in termination of your position as a volunteer.

By signing this volunteer registration form, I am agreeing to the conditions outlined.

Signature	Current Date (YYYY/MM/DD)

Confidentiality Declaration

For all employees and volunteers:

I understand that personal information of students, families and employees to which I have access during my employment or affiliation with the District must be treated confidentially and must be collected, used and disclosed in compliance with the District's Privacy Policy, the Freedom of Information and Protection of Privacy Act and the School Act. I understand that personal information may only be exchanged with other authorized personnel and volunteers who have legitimate educational or employment purposes for accessing such information. I acknowledge that I am required to take reasonable steps to ensure that security measures outlined in the Policy are in place when I am using the District's systems.

I understand that the District may monitor my use of its systems without prior notice in order to ensure that privacy rights are protected and that the District's network communications are being utilized for valid work-related purposes.

I further understand that there may be consequences if I violate the terms of this agreement, including loss of access privileges and disciplinary action if I am a School District employee.

I (please print name) _____ have read and understand the information above.