



Nicola Similkameen Public Schools School Volunteer Application Form

Thank you for expressing interest in volunteering in the Nicola Similkameen School District. Please complete the information listed below and provide it to the school office for review and consideration.

Name of School:			
Volunteer Name:			
	(Last Name)	(First Name)	(Middle Name)
Address:			
	(Apt. #, Street Name)	(City)	(Province) (Postal Code)
Contact Info:			
	(Cell or Other)	(Email)	
I am the parent/ guardian of a student in the School District. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Student Name(s):			
	(Last Name)	(First Name)	(Middle Name)
<small>Personal information is collected by Mission Public Schools under section 26 (c) of the Freedom of Information and Protection of Privacy Act and for the purpose of volunteering in the School District. If you have questions about this form, or the collection and use of this information, contact the Information and Privacy Coordinator, School District No. 75, Tel: 604-826-6286.</small>			
Volunteer activity or areas of interest:			
<input type="checkbox"/> Volunteer Driver <input type="checkbox"/> Classroom Help <input type="checkbox"/> Breakfast Club <input type="checkbox"/> Field Trips <input type="checkbox"/> Library <input type="checkbox"/> Food Days <input type="checkbox"/> Coaching (sports) <input type="checkbox"/> Tutoring (subjects) _____ <input type="checkbox"/> Special Events			
Guidelines for Volunteering			
<ul style="list-style-type: none"> • Treat all members of the school community with respect. Refer to SD58 Policy regarding Respectful Schools and Workplaces. • Please let the school know if you are unable to make your scheduled time. • As a volunteer in the school district, it is important to recognize that anything you hear or see regarding the students is confidential. Breaching a student's confidentiality or privacy can result in termination of volunteer services. 			
<input type="checkbox"/> I acknowledge that I have read, understand, and agree to the above and give my consent to the collection, use and disclosure of the personal information on this form for the above purposes.			
<input type="checkbox"/> In consideration of School District No. 58 for approving my services as a volunteer for the school district, and to the fullest extent permitted by law, I agree to waive and release the school district, the Ministry of Education and its and their officers, employees, board members, agents, volunteers and representatives of and from any and all claims, expenses, costs, damages or liabilities that I may incur and related to my services as a volunteer arising out of any cause whatsoever including negligence. I further agree not to bring or cause any other person to commence legal proceedings seeking recovery for any such Claims from the Releasees, or any one or more of them.			
Applicant's Signature: _____			
Print Name: _____			
Date: _____			
SCHOOL ADMINISTRATIVE USE ONLY			
Criminal Record Check Completed: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Staff Sponsor: _____		Signature: _____	
Screening/ Interview Complete: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Principal/ Vice-Principal Approval: _____			
Date of Approval: _____			