

School Volunteer Application



This form needs to be completed for each school year that an individual applies to be a volunteer.

Volunteer Name: _____
(Last) (First)

Student Name: _____

Contact Information

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Proposed Activity(ies) (team, club, class or activity): _____

Relevant Experience: _____

Formal Training / First Aid qualifications: _____

Criminal Records Check:

This form is provided to volunteers whose participation in a school activity may involve the volunteer having unsupervised access to students of the school. The information is requested to ensure the suitability of persons having contact with students. Information which is provided will be maintained on a strictly confidential basis.

I will produce a Criminal Record Check: Yes No

Relationship in the School: Parent Community Member Other

The Mission Public School District provides Accident and Liability Insurance to protect volunteers while acting for the School District. Please see your Principal and/or Vice-Principal for details.

I accept all of the risks and the possibilities of personal injury or property damage resulting from my volunteer activities.

Volunteer Signature

Date

SCHOOL ADMINISTRATIVE USE ONLY

Criminal Record Check Completed, if required: Yes No

Staff Sponsor: _____
Print Name Signature

Screening/Interview Complete: Yes No

Principal/Vice-Principal Approval: _____

Date Approved: _____

*Complete and return form to the School Principal or Vice-Principal