



## Volunteer Information Form

The following information will be used by the Volunteer Co-ordinator and school administration in matching your talents and interests with the volunteer opportunities at the school.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home)\_\_\_\_\_ (Business)\_\_\_\_\_

How would you prefer to be addressed by students? \_\_\_\_\_

Do you have any children or grandchildren in this school? Yes  No

If yes, please indicate their name(s) and classes in the space below:

Name \_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_

Why do you wish to become a volunteer? \_\_\_\_\_

\_\_\_\_\_

With what grade level(s) do you prefer to volunteer your time?

**K** \_\_\_\_\_ **1-3** \_\_\_\_\_ **4-6** \_\_\_\_\_ **7-8** \_\_\_\_\_ **9-10** \_\_\_\_\_ **11-12** \_\_\_\_\_

When are you available to volunteer? Please indicate day and time, i.e. Monday a.m.

**Monday** a.m.\_\_\_\_p.m.\_\_\_\_ **Tuesday** a.m.\_\_\_\_p.m.\_\_\_\_ **Wednesday** a.m.\_\_\_\_p.m.\_\_\_\_

**Thursday** a.m.\_\_\_\_p.m.\_\_\_\_ **Friday** a.m.\_\_\_\_p.m.\_\_\_\_

Approximately how many hours a week do you wish to volunteer? \_\_\_\_\_

I would like to: (please feel free to check more than one)

\_\_\_\_\_ read with students \_\_\_\_\_ help with music \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ publish stories \_\_\_\_\_ help with arts and crafts \_\_\_\_\_

\_\_\_\_\_ work in the library \_\_\_\_\_ coach sports \_\_\_\_\_

\_\_\_\_\_ work with computers \_\_\_\_\_ participate in special programs i.e. hot lunch, safe arrivals

Please describe your previous volunteering experiences.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Have you ever been terminated from a volunteer position? Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offence for which a pardon has not been granted?

Yes  No

I will fulfil the role of volunteer to the best of my ability and maintain the strictest confidence in my work with students and the staff of the school.

I also realize that I will not be able to bring pre-schoolers or other children with me when I am working as a volunteer.

I understand that I am required to provide a Criminal Records Check including a Vulnerable Sector Screening prior to beginning to volunteer at the school and that an Offence Declaration must be completed annually.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Consent to Obtain Reference

I, \_\_\_\_\_, hereby give my permission for \_\_\_\_\_  
(name of volunteer) (school)

to contact the person listed below for the purpose of obtaining a reference.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

### Information to be completed by Principal

Criminal Records Check Approved \_\_\_\_\_  
Date \_\_\_\_\_

Start Date for Volunteer \_\_\_\_\_

Signature of Principal \_\_\_\_\_