

Volunteer Application Form

SCHOOL NAME:			According to the Section of the Sect	DATE:		
VOLUNTEER						
NAMF.						
	Surname	Given	Names			
ADDRESS:						
ADDITIOO	Street	City		Postal C	ode	
TELEPHONE I	NUMBERS:					
		Home		Work		
EMERGENCY	CONTACT:					
LIVILINGLING	CONTACT:	Name		Phone		
MEDICAL NUM	MBER:					
AREAS OF IN	TEREST:					
TIME (0) ANA II	ADIE					
IIME(S) AVAII	TARLE:			Maria (1997)		
VOLUNTEED.		SEEEDDED (DI	FACE CUECK).			
VOLUNIEER	SITUATIONS PR	(EFERRED (PL	EASE CHECK):			
Classroom Volunteer, Grades Lunch Program						
Library Vo				Fundraising Social Events		
	Program Volur	iteer	Phone Parent			
Office Vol	unteer			Other		
REFERENCES	<u> </u>					
1.						
1	Name		Phone number	*	Relationship	
2.						
2	Name	Andrews of the second s	Phone number		Relationship	
CDIMINIAL DE	CORD CHECK					
CRIMINAL RE	CORD CHECK					
• lam w	illing to submit to	a criminal reco	ord check at no fin	ancial cost to myself.		
SIGNATURE:			DATE:			
	Signature of Volu	nteer				
APPROVAL:				DATE:		
	Signature of Prince	cipal	and Charles of Annual Section (Control Control			



VOLUNTEER CODE OF CONDUCT

As a v	olunteer of Scho	ool (CISPG), I understand that:			
•	I will be supervised by a school employee and mus	st follow that person's directions.			
•	I must adhere to the policies of the school an volunteering.	d CISPG and the rules of the school in which I am			
•	I must treat staff, parents and students with politen	ess and respect.			
•	I must deal judiciously with students and defer classroom.	to the teacher's authority in all matters relating to the			
•	If I am uncertain about my role or any other mat working or the principal, as appropriate.	ter, I will seek advice from the teacher with whom I am			
VOLUNTEER CONFIDENTIALITY AGREEMENT					
Students, staff and others working in the school have a right to expect that information about them will be kept strictly confidential by volunteers.					
Theref	ore:				
•	I will not communicate anything I learn about any volunteering to anyone other than appropriate scho	student or anything that I observe in the course of my pol employees.			
•	I will not share information about students, even w welfare, such as social workers, recreational lead required to do so.	ith others who may be genuinely interested in a student's lers, family friends, physicians, etc. except when legally			
•	I will keep anything I learn about school employees	s or other volunteers strictly confidential.			
•	If I am asked for information concerning a student principal before doing so.	or staff members, I will refer the request to the teacher or			
•	If I am in doubt about whether I may divulge inform with the school principal before doing so.	nation concerning a student or staff member, I will consult			
DECLA	<u>ARATION</u>				
•	I have read and agree to comply with the Volun Agreement.	teer Code of Conduct and the Volunteer Confidentiality			

DATE: _____

SIGNATURE: