Form 496

Volunteer Registration

Name: _____ Phone: _____

Address: _____ Postal Code: _____

Mailing Address (if different than above):

_____

Work/Volunteer Experience:

_____

_____

_____

BACKGROUND: (special skills, interests, languages spoken...)

_____

_____

_____

TIME AVAILABLE:	Weekly	☐	OR	On-Call	☐				
Please circle Days Available:	Mon	☐	Tues	☐	Wed	☐	Thurs	☐	Fri ☐
Please circle Times Available:	Morning	☐	Afternoon	☐	Both	☐			

References (Not Relatives):

Name	Address	Telephone
1.		
2.		

PERSON TO NOTIFY IN EMERGENCY: _____

Telephone: _____

The school should be aware of special health conditions you may have which might affect the progress or welfare of the student. If applicable, specify information below, with comments or recommendations.

_____
_____
_____

☐ I have reviewed Administrative Procedure 446 (Professional Misconduct by Staff members and Volunteers).

I HEREBY AGREE TO:

- Allow the school principal or designate to contact references as supplied.
- Respect the confidentiality of all information that I may receive regarding any pupils or staff while I volunteer.
- Make a commitment to the time agreed upon.
- Complete the training for the administration of Epi-pens.
- Provide a CPIC to the school principal or designate.

_____ _____

Signature Date

Interviewer's Comments:

_____
_____
_____
_____

VOLUNTEER PLACEMENT:

School: _____ Date: _____

Staff Contact: _____

Days/Times: _____

JOB DESCRIPTION:

_____
_____
_____
_____