



Form 490-1

## VOLUNTEER REGISTRATION FORM

School: \_\_\_\_\_ Activity: \_\_\_\_\_

The Division appreciates the service provided by volunteers who assist the school and/or students in curricular activities. In order to ensure safety for students, those offering to volunteer in such activities should provide a formal registration.

Last Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address/Box No.

Town Postal Code

Telephone No.: \_\_\_\_\_ (Daytime) \_\_\_\_\_ (Evening)

Do you have children registered in this school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list by name and grade:

Name	Grade
_____	_____
_____	_____
_____	_____

Please provide two character references that can be contacted by the school:

Name	Contact Numbers
_____	_____
_____	_____

Do you have a criminal record? Yes \_\_\_\_\_ No \_\_\_\_\_

Please be advised the Board requires:

- a. that a Criminal Record Check be provided to the school. Any costs incurred for CRC fees will be reimbursed by the school.
- b. That an Offence Declaration be completed on an annual basis when the CRC is one or more years old.



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As a volunteer, you are advised of the following:

1. The Principal (or designate) is the supervisor for volunteers.
2. The Board's liability insurance covers all approved volunteers.
3. Confidentiality is of utmost importance, and you are asked to read and sign the attached Confidentiality Form (Form 491-2).

**Acknowledgement:**

By signing this volunteer registration form, I signify I am in agreement with the conditions outlined above.

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Signature

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Date

**Principal Approval:**

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Signature

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Date

*The Freedom of Information and Protection of Privacy Act (FOIP) sets controls and standards on how public bodies such as school boards collect, use and disclose personal information that is in their custody or under their control. The information you have provided on this form is being gathered for contact purposes and to determine your eligibility to serve as a volunteer supervisor/coach for the Division, and will not be used for any other purpose without your authorization. Only those Division employees requiring this information to perform their duties will have access to it.*

*If you have any questions about the collection, use or disclosure of information collected in this registration process or on any matters of access or privacy, please feel free to contact:*

*FOIP Coordinator  
Foothills School Division  
(403) 652-6502*