

Volunteers Welcome!



VOLUNTEER REGISTRATION FORM

(This form is to be kept at school)

Last Name: _____ First Name: _____

Address: _____ Apartment No.: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home: () _____ Business: () _____

Fax: () _____ E-mail: _____

1. Please mark the days of the week and time you have to volunteer at the school.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY WEEKENDS

From/To (e.g. 8:00 a.m. to 11:00 a.m.): FROM _____ A.M. / P.M. TO _____ A.M. / P.M.

2. In what area are you interested in volunteering? (e.g., reading, tutoring, enrichment programs, classroom displays, school trips, any other area in which you are interested). Why? _____

3. Do you have a special talent or knowledge you would like to use in volunteering (e.g., play piano, pottery, etc.).
 YES? NO? (If yes, what?) _____

4. Do you speak other languages? Indicate which ones. _____

5. Have you done volunteer work before? YES? NO? (If yes, where?) _____
(List responsibilities, duties, grade level, special need students). _____

6. Do you have any health-related concerns the school should be aware of? (e.g., allergies, infectious or contagious conditions, medic alert, medications). _____

Emergency Contact: Surname: _____ Name: _____

Telephone Number: Home: () _____ Business: () _____

7. Have you ever been convicted of a criminal offence for which a pardon has not been granted? YES? NO?

Have you ever been convicted of a sexual or violent criminal offence? YES? NO?

8. Please provide the name of only two references who may be contacted by the school.

a. Name of last school Volunteer Supervisor/Employer: _____

Address: _____ Telephone No.: () _____

b. Name of last school Volunteer Supervisor/Employer: _____

Address: _____ Telephone No.: () _____

By signing this form, I agree that the information provided by me on this form is true.

Signature: _____ Date: _____