



VOLUNTEER INFORMATION SHEET

Thank you so much for offering to volunteer in our schools! Please help us get to know you by filling out this form:

Name of Applicant: _____

Address: _____ Home Phone: _____

City: _____ Business Phone: _____

Postal Code: _____ Emergency Contact: _____
(Name/Phone)

Have you previously volunteered or worked with Hamilton-Wentworth District School Board (HWDSB) or another school board? ☐ No ☐ Yes If yes, what was the nature of the activity, dates, and reason for leaving?

Languages :

Spoken: ☐ English ☐ French ☐ Other _____

Written: ☐ English ☐ French ☐ Other _____

Skills :

- | | | | |
|---------------------------------|-----------------------------------|-----------------------------------|-------------------------------|
| ☐ Arts | ☐ English | ☐ Languages | ☐ Science |
| ☐ Athletics | ☐ Geography | ☐ Library | ☐ Trade |
| ☐ Business | ☐ Handicrafts | ☐ Math | ☐ Writing |
| ☐ Computers | ☐ Health | ☐ Music | |
| ☐ Dance | ☐ History | ☐ Office | |
| ☐ Drama | ☐ Keyboarding | ☐ Other _____ | |

Program/Activity Area (please indicate your area(s) of interest)

- | | | | |
|-----------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| ☐ Classroom | ☐ Mentoring | ☐ ESL | ☐ Computers |
| ☐ Literacy | ☐ Clubs/Fairs | ☐ Enrichment | ☐ Library |
| ☐ Special Ed. | ☐ Sports/Coach | ☐ Fundraising | ☐ Trips/Event |
| ☐ Tutoring | ☐ Languages | ☐ Other: _____ | |

Grade Level Preferred ☐ JK/SK ☐ 4-6 ☐ Secondary
☐ 1-3 ☐ 7-8 ☐ N/A

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Availability : Days and Times Preferred (please check)

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Mornings					
Afternoons					
Other?					

Reference Checks:

- ☐ No Depending on the degree of risk and supervision in the volunteer position for which you have applied, you may be required to provide proof that you have undergone a Police Vulnerable Sector Screening search.
- ☐ Yes If required, are you willing to provide this document?

- ☐ No Are you currently facing, or have you at any time, faced allegations of sexual abuse or harassment?
- ☐ Yes

- ☐ No If required, do you authorize HWDSB to contact the persons/ organizations listed below and for the persons/organizations to disclose information for the purposes of obtaining a personal reference regarding your suitability for volunteer activities?
- ☐ Yes

Name of Reference	Employer/Relationship	Position/Activity	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____

I authorize the Principal/Designate to solicit, if required, a personal reference from the references provided in connection with my application for a placement as a school volunteer. I will hold in confidence all information and material received from and about students and/or personnel that may come to my attention in the course of my duties. I acknowledge that HWDSB does not provide accident insurance or Workers' Safety Insurance Board (WSIB) coverage to volunteers. I further acknowledge that I have read and understand the above statements and certify that the information provided on this form is accurate and complete.

Applicant's Signature: _____

Date: _____

Interviewed by: _____

Personal information on this form is collected under the authority of the Education Act and will be used for administrative purposes as determined in the Volunteer Policy of HWDSB.

Thank you once again for volunteering to support the students in our system!