HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

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? O No O Yes If yes, what was the nature of the activity, dates, and reason for leaving?

_____

Languages :

Spoken: O English O French O Other _____

Written: O English O French O Other _____

Skills :

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

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

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

Grade Level Preferred O JK/SK O 4-6 O Secondary

Availability : Days and Times Preferred (please check)

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Mornings					
Afternoons					
Other?					

Reference Checks:

O No
O Yes

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.
If required, are you willing to provide this document?

O No
O Yes

Are you currently facing, or have you at any time, faced allegations of sexual abuse or harassment?

O No
O Yes

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?

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.

HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

SCHOOL / VOLUNTEER AGREEMENT

Thank you for offering your time and skills to support student learning!

Name of Volunteer _____ Volunteer Position: _____

School _____ Class: _____ Reports to: _____

Duties and Responsibilities: _____

As Principal or designate, I agree to:

- provide both initial orientation and ongoing training and support for the volunteer
- ensure that volunteers are neither responsible for the supervision of students or delivery of program without teacher direction, nor be involved in any evaluation of students or school personnel or program
- ensure that volunteers are not given access to personal information regarding students or staff, unless it is essential to the performance of their duties
- inform the volunteer in advance of all school schedule changes.

As a Volunteer, I agree to:

- perform duties as assigned by Board staff, with no expectation of remuneration or credit
- respect the confidentiality of all information made known to me regarding students or staff
- neither discipline, nor evaluate students
- notify the appropriate person at school as soon as possible when circumstances necessitate my absence
- abide by all HWDSB policies and procedures
- follow dress and behaviour codes as established by the school.

I have been made aware that Hamilton-Wentworth District School Board does not provide accident insurance or Workers' Safety Insurance Board (WSIB) coverage to volunteers.

Acknowledgement

Volunteer's signature: _____

Date: _____

Principal or designate: _____

☐ **The Volunteer has provided the Principal or designate with a Vulnerable Sector Screening dated within the last six months and it has been reviewed**

HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD

Offence Declaration Form

Name:	Birth Date:
Volunteer Position(s):	Location(s) of Volunteering Activities in HWDSB:

I DECLARE, since the last Criminal Background Check reviewed by Hamilton-Wentworth District School Board or since the last Offence Declaration given by me to Hamilton-Wenworth District School Board, that:

I have **no** convictions under the *Criminal Code of Canada* up to and including the date of this declaration for which a pardon has not been issued or granted under the *Criminal Records Act (Canada).*

This declaration is dated at City of Hamilton this _____ day of _____, 20___.

SIGNATURE:

_____