



## 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 :

<input type="radio"/> Arts	<input type="radio"/> English	<input type="radio"/> Languages	<input type="radio"/> Science
<input type="radio"/> Athletics	<input type="radio"/> Geography	<input type="radio"/> Library	<input type="radio"/> Trade
<input type="radio"/> Business	<input type="radio"/> Handicrafts	<input type="radio"/> Math	<input type="radio"/> Writing
<input type="radio"/> Computers	<input type="radio"/> Health	<input type="radio"/> Music	
<input type="radio"/> Dance	<input type="radio"/> History	<input type="radio"/> Office	
<input type="radio"/> Drama	<input type="radio"/> Keyboarding	<input type="radio"/> Other _____	

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

<input type="radio"/> Classroom	<input type="radio"/> Mentoring	<input type="radio"/> ESL	<input type="radio"/> Computers
<input type="radio"/> Literacy	<input type="radio"/> Clubs/Fairs	<input type="radio"/> Enrichment	<input type="radio"/> Library
<input type="radio"/> Special Ed.	<input type="radio"/> Sports/Coach	<input type="radio"/> Fundraising	<input type="radio"/> Trips/Event
<input type="radio"/> Tutoring	<input type="radio"/> Languages	<input type="radio"/> Other: _____	

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

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!***