

VOLUNTEER INFORMATION SHEET

Thank you so mud	ch t	or offering to	o volunteei	in our scho	ols! Pl	ease h	elp us ge	et to kno	ow you	by filling out this form:
Name of Applica	ant:									
Addre	ess:	:			_	Н	ome Pho	one: _		
C	City:	:				Busir	ness Pho	one:		
		Emergency Contact:								
Postal Co	ode:	:			_		(Name/Ph	none)		
Have you previous another school boat for leaving?										(HWDSB) or ates, and reason
Languages										
<u>Languages</u> :	Spol.	(an: 0	English	O Fren	oh	0 ()thar			
	•		English English	O Fren						
v	V 1100	.011.	Liigiion	0 11011	1011		Julio1			
Skills :										
	O	Arts	О	English		О	Langua	ges	О	Science
	O	Athletics	О	Geography	/	Ο	Library		О	Trade
	O	Business	О	Handicrafts	s	Ο	Math		О	Writing
	O	Computers	Ο	Health		Ο	Music			
	O	Dance	О	History		Ο	Office			
	О	Drama	О	Keyboardir	ng	Ο	Other _			
Program/Activity	/ A	rea (please	indicate y	our area(s)	of inte	rest)				
-		Classroom	•	Mentoring		•	ESL		O	Computers
		Literacy		Clubs/Fairs			Enrichn			Library
	o	Special Ed.		Sports/Coa			Fundrai			<u> </u>
		Tutoring		Languages				_		
0 1 1 1 5	,		114/014							
Grade Level P	rete		JK/SK		4-6			Second	ary	
		О	1-3	O	7-8		0	N/A		

Availability: D	Days and Times	Preferred (please check
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	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Mornings					
Afternoons					
Other?					

Refe	rence Ch	necks:							
	No 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?							
	No Yes	Are you currently facing, or have you at any time, faced allegations of sexual abuse or harassment?							
	No Yes	for the persor	o you authorize HWDSB to contact ns/organizations to disclose inforr parding your suitability for volunted	nation for the purposes of obt					
Na	me of Ref	erence	Employer/Relationship	Position/Activity	Phone No.				
provid confide that m	led in col ence all ay come	nnection with information to my atten	signate to solicit, if required in my application for a placed and material received fron the course of my decor Workers' Safety Insuran	ment as a school volunt n and about students ar uties. I acknowledge that	eer. I will hold in nd/or personnel HWDSB does not				
		_	have read and understand is form is accurate and comp		nd certify that the				
			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.