



Catholic Independent Schools  
Diocese of Prince George  
www.cispc.ca

## Volunteer Application Form



SCHOOL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### VOLUNTEER

NAME: \_\_\_\_\_  
*Surname* *Given Names*

ADDRESS: \_\_\_\_\_  
*Street* *City* *Postal Code*

TELEPHONE NUMBERS: Home \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_ email \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
*Name* *Phone*

MEDICAL NUMBER: \_\_\_\_\_

AREAS OF INTEREST: \_\_\_\_\_

TIME(S) AVAILABLE: \_\_\_\_\_

### VOLUNTEER SITUATIONS PREFERRED (PLEASE CHECK):

- |  |   |
|--|---|
| <input type="checkbox"/> Classroom Volunteer, Grades _____ | <input type="checkbox"/> Lunch Program        |
| <input type="checkbox"/> Library Volunteer                 | <input type="checkbox"/> Fundraising          |
| <input type="checkbox"/> Technology Volunteer              | <input type="checkbox"/> Social Events        |
| <input type="checkbox"/> Recycling Program Volunteer       | <input type="checkbox"/> Phone Parent         |
| <input type="checkbox"/> Office Volunteer                  | <input type="checkbox"/> Parent Support Group |
| <input type="checkbox"/> Field Trips                       | <input type="checkbox"/> Other _____          |

### REFERENCES

1. \_\_\_\_\_  
*Name* *Phone number* *Relationship*
2. \_\_\_\_\_  
*Name* *Phone number* *Relationship*

### CRIMINAL RECORD CHECK

- I am willing to submit to a criminal record check at no financial cost to myself.

SIGNATURE: \_\_\_\_\_  
*Signature of Volunteer*

DATE: \_\_\_\_\_

APPROVAL: \_\_\_\_\_  
*Signature of Principal*

DATE: \_\_\_\_\_



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## VOLUNTEER CODE OF CONDUCT

As a volunteer of \_\_\_\_\_ School (CISPG), I understand that:

- I will be supervised by a school employee and must follow that person's directions.
- I must adhere to the policies of the school and CISPG and the rules of the school in which I am volunteering.
- I must treat staff, parents and students with politeness and respect.
- I must deal judiciously with students and defer to the teacher's authority in all matters relating to the classroom.
- If I am uncertain about my role or any other matter, I will seek advice from the teacher with whom I am working or the principal, as appropriate.

## VOLUNTEER CONFIDENTIALITY AGREEMENT

Students, staff and others working in the school have a right to expect that information about them will be kept strictly confidential by volunteers.

Therefore:

- I will not communicate anything I learn about any student or anything that I observe in the course of my volunteering to anyone other than appropriate school employees.
- I will not share information about students, even with others who may be genuinely interested in a student's welfare, such as social workers, recreational leaders, family, friends, physicians, etc. except when legally required to do so.
- I will keep anything I learn about school employees or other volunteers strictly confidential.
- If I am asked for information concerning a student or staff members, I will refer the request to the teacher or principal before doing so.
- If I am in doubt about whether I may divulge information concerning a student or staff member, I will consult with the school principal before doing so.

## DECLARATION

- I have read and agree to comply with the Volunteer Code of Conduct and the Volunteer Confidentiality Agreement.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_