



BLACK GOLD  
REGIONAL  
DIVISION NO. 18

# Volunteer Registration Form

School Year: \_\_\_\_\_

School \_\_\_\_\_

Mr. / Mrs. / Ms. Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Do you have children or grandchildren registered in this school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name and grade:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

## **VOLUNTEER SECURITY DISCLOSURE**

Are there any conditions which might cause concern regarding your suitability as a volunteer?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details: \_\_\_\_\_

Each volunteer accompanying an overnight student excursion will require a current (within 12 months) Criminal Record Check and Child Intervention Record Check.

Current Criminal Record Check & Child Intervention Record Check submitted: YES \_\_\_\_\_ NO \_\_\_\_\_

As a volunteer, I agree to the following:

1. That confidentiality is of the utmost importance in the school setting in order to ensure that the dignity and worth of students, parents, volunteers and staff is honoured.
2. That any information collected, used, generated, and stored by Black Gold including student, instructional, financial, or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
3. That I must not disclose, communicate, publish, take, alter, copy, interfere with, or destroy any information unless specifically authorized to do so by the teacher or principal.
4. That I must notify the principal of any conditions which may cause concern about my suitability as a volunteer.
5. That teachers and administration staff are responsible for student learning and discipline.
6. That administration, teaching, and support staff have specific roles to play and it is important that all staff operate as a team.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

*The information on this form is collected under Alberta's Freedom of Information and Protection of Privacy Act to carry out our responsibilities under the School Act.*