DURHAM DISTRICT SCHOOL BOARD VOLUNTEER APPLICATION FORM

Name:			
(first name)		(last name)	
Address:(#, street)	(' (()		
(#, street)	(city/town)		(postal code)
Telephone: ()	()	()
(home)	(business)		(cell)
Training/Certification:		E-mail:	
Experience with children or youth:			
Driver's License: YES NO			
Do you have a child currently registered in this school: YES (if yes, name of student)			
Do you have a child currently registered	in any other DDSB sc	hool: 🗆 YES 🗆 N	10
Criminal Reference:			(if yes, name of school)
I have included a copy of my criminal referen	nce check including the	vulnerable sector	component (Appendix C - if first
year application) □ YES □ NO	_		
Offence Declaration:			
I have included a completed offence declaration: (Appendix D - if year 2-5) □ YES □ NO			
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I have an interest in the following areas:			
 Monitoring and supervising co-curricular activities 		□ Assisting with school excursions	
□ Transporting teams or groups		□ Coaching/training students	
□ Assisting within the classroom □ Volunteering in the library		he library	
□ I have a special interest and/or expertise in:			
Qualifications/Certification:			
<u>Availability:</u> I am available on the following days and times (please <u>circle one</u> AM/PM or Evening):			
□ Monday (AM PM Evening) □ T	uesday (AM PM Ever	ning) 🗆 🗆 W	/ednesday (AM PM Evening)
□ Thursday (AM PM Evening) □ Friday (AM PM Evening)			

The DDSB is committed to meeting our obligations under the Human Rights Code. This document is available in alternative formats upon request. If you have any accommodation needs or require communication support or an alternative format, please let the principal know. Please note: we are seeking volunteers from diverse backgrounds to reflect the needs of the student population

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 Procedure for Volunteer Programs in Schools and will be retained only for the current school year. Questions about this collection of personal information should be directed to Human Resource Services, Durham District School Board, 400 Taunton Rd., E., Whitby, Ontario L1R 2K6, phone (905)666-5500 or 1-800-265-3968.

DURHAM DISTRICT SCHOOL BOARD VOLUNTEER RESPONSIBILITIES & AGREEMENT

- 1. I have been provided with a Volunteer Application form and Responsibility Agreement (Appendix A and B). I understand that it is my responsibility to become familiar with and act in accordance with its contents. This could include attendance at an orientation session at the school if provided.
- 2. I will complete and sign a Volunteer Application form (Appendix A) and the Volunteer Responsibilities and Agreement (Appendix B).
- 3. I will provide a Criminal Reference Check (Appendix C) including the vulnerable sector component or the Offence Declaration (Appendix D) as required.
- 4. I will notify the school if an absence is unavoidable.
- 5. I will follow the code of conduct and policies of my assigned school (i.e., signing in procedures when required).
- 6. I agree to have my name and telephone number available to the school office.
- 7. I agree to respect every individual student, and ensure the wellbeing of individuals.
- 8. To will follow instructions from supervising staff and administration.
- 9. I am aware that I will be a role model for students. I will maintain the highest standards of ethical behavior and integrity, including in particular confidentiality of all information about students, staff and school.
- 10. I will seek guidance and support from staff or administration if directions are not clear or unforeseen difficulties arise.
- 11. I have been instructed on Health & Safety Guidelines for the volunteer duties I am undertaking, and I agree to follow all safety rules. I understand that the Board does not carry WSI or Personal Accident Insurance for volunteers. The Board does have Third Party Volunteer Driver Insurance. When in doubt about the safety of an activity, I will ask an appropriate board employee before undertaking a task.
- 12. I understand that volunteer assignments can be terminated by the principal without appeal at any time during the school year.

VOLUNTEER AGREEMENT I agree to act in accordance with the responsibilities listed above. Volunteer's Name: Volunteer's Phone: (first name) (last name) Volunteer's Signature: Date: Principal's Signature: School Phone: