



Parent Surname: _____

General Volunteer Form

Student Surname: _____

I will be volunteering at ÉCOLE SECONDAIRE MARK R. ISFELD SECONDARY

1. Criminal Record Check – required for all school volunteers.

- Online: <https://justice.gov.bc.ca/screening/crrpa/org-access>
- Access Code: MVLBJR7WMD

If you would rather apply with a paper form, please pop by or call the office 250-334-2428

I understand that a criminal record check and the code of conduct must be completed before I can volunteer. Please return this form signed to the office or email it to Tina Fagan:

tina.fagan@sd71.bc.ca

Volunteers Name: _____

Volunteer Signature: _____

Phone Numbers: Home _____ Cell _____

Date: _____

Principal's Signature: _____

Date: _____

Personal information contained in this form is collected and protected under the authority of the Freedom of Information and Protection of Privacy Act for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.

VOLUNTEER CODE OF CONDUCT

This document defines the District's expectation for all school volunteers.

Name (please print)

Date

Address

Home Phone

Work Phone

Cell Phone

Email Address

As a volunteer, I agree to abide by the following code of volunteer conduct:

1. I agree only to do what is in the best personal and educational interest of every child with whom I come into contact.
2. I will maintain confidentiality outside of school and will share with teachers and/or school administrators **any** concerns that I may have related to student welfare and/or safety.
3. I will not disclose, use, or disseminate student photographs or personal information about students, myself or others without permission from the principal.
4. I agree not to exchange telephone numbers, home addresses, e-mail addresses or any other home directory information with students for any purpose unless it is required as part of my role as a volunteer. I will exchange home directory information only with parental and administrative approval.
5. I will not contact students outside of school hours without permission from the students' parents and/or the principal.
6. I agree to never be alone with individual students who are not under the supervision of teachers and school authorities.
7. I agree to not transport students without the written permission of parents or guardians or without the expressed permission of the school or District and will abide by District Administrative Procedure 260-02 (Volunteer Driver Application).

8. Immediately upon arrival, I will sign in at the main office or the designated sign-in station.
9. I will wear or show volunteer identification whenever required by the school to do so.
10. I will not be involved in or assist in the promotion or recruitment of any student or staff for any specific ideology, political organization or religious belief.
11. I have read, understand, and agree to abide by:
 - Policy 17 – Sexual Orientation and Gender Identity (SOGI)
 - Policy 24 – Equity and Non-Discrimination
 - Administrative Procedure 170 - Equity and Non-Discrimination
 - Administrative Procedure 490 – Volunteers in District Schools

(The above Policies and Administrative Procedures are found on our District Website under the Parent Information Tab – Volunteers Section)

I agree to follow the Volunteer code of Conduct at all times.

Name (please print)

Date

Signature

Name of School

Principal Signature

Date