

This application is to be completed by adults who wish to participate in board-sanctioned programs as volunteers. It may be relied upon in the event of an emergency. It is the individual's responsibility to notify the appropriate personnel at the location(s) listed below of any changes to the information provided on this form over the period this form covers.

School(s)/Department(s) Names:

Status	<input type="checkbox"/> New <input type="checkbox"/> Returning	Salutation	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other, specify:		
Last Name		First Name			
Nickname		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown/Prefer not to say <input type="checkbox"/> X: Non-binary			
Date of Birth (yyyy/mm/dd)		Age			
Street Address					
City/Town		Prov		Postal Code	
Day Phone No.		Evening Phone No.		Cell	
E-mail		BC Medical Services Plan Personal Health No.			
Current Employer		Occupation			

Board Expectations for Volunteers

Volunteers are an important part of the leadership team and are expected to:

1. Review and comply with relevant board bylaws, policy, regulations and procedures, including but not limited to fire, earthquake, and emergency procedures and emergency drill expectations.
2. Have qualifications appropriate for the program(s) activity(ies).
3. Know the details of the activity(ies) and their specific duties, responsibilities and authority.
4. Exhibit positive behaviour and be an acceptable role model.
5. Support and follow the district/school codes of conduct.
6. Report any inappropriate conduct to the lead teacher/principal.
7. Adhere to the schedule or itinerary.
8. Dress appropriately for the activity/environment.
9. Wear any safety equipment required or highly recommended for the activity(ies) and environment(s).

Confidentiality Agreement

1. I understand that, in my role as a volunteer, I may have access to or become aware of confidential information and personal information relating to students, staff, or other individuals, including sensitive information such as health information. I agree that I will maintain the confidentiality of all such information at all times, both during my volunteer service and after it ends.
2. I further agree that I will not access, use, or disclose any personal or confidential information obtained through my volunteer involvement, except as necessary to fulfill my volunteer duties and responsibilities and in accordance with applicable legislation, including the British Columbia Personal Information Protection Act.
3. I acknowledge that confidentiality applies to all forms of communication, including conversations within and outside of the school or workplace, and includes personal observations and any information seen, heard, or otherwise obtained in the course of my volunteer activities. I will act at all times in a manner that protects the privacy and dignity of students, staff, and others.

Acknowledgements and Consents

1. I acknowledge my right to obtain as much information as I require about the program(s) or activity(ies) and associated risks and hazards, including information beyond that provided to me by the organization or board.
2. I agree to receiving an orientation for volunteers by the principal/supervisor or designate.
3. I will familiarize myself with individual school rules and expectations.
4. I agree to check in and out at the front desk when volunteering at the school.
5. I freely and voluntarily assume the risks/hazards inherent in the program(s)/activity(ies) and understand and acknowledge that I may suffer personal and potentially serious injury arising from my volunteer involvement.
6. I acknowledge that the principal/supervisor or designate has the right to refuse this application or refuse to allow me to participate in any activity if, in that person's opinion, I am not adequately fit and equipped or otherwise ready to participate safely.
7. I understand that the principal/supervisor or designate reserves the right to withdraw approval of this authorization at any time, and that any significant changes to this form or related district requirements may require resubmission of this application.
8. I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's administrators and staff while volunteering in the program(s) or activity(ies).
9. I acknowledge that it is my duty to advise the principal/supervisor or designate of any medical/health concerns, fitness and/or skill limitations I have that may affect my participation.
10. I acknowledge that, if I become incapacitated through injury or illness and cannot make decisions for myself, the school's/service provider's administrators and staff may secure such emergency medical services (e.g., ambulance) as they deem necessary for my immediate health and safety, and that I shall be financially responsible for such services.
11. I understand that as a volunteer, I am covered by liability insurance but not covered under Worker's Compensation Board (WCB) Insurance.
12. I grant permission to The Board of Education of School District No. 46 (Sunshine Coast) to use, without payment of any fee or charge and without limitation as to time or frequency, for nonprofit educational, promotional, or publicity purposes, any photographs, video footage, audio recordings, or digital images of my likeness taken in my capacity as a volunteer.
13. I accept the mode of transportation for activity(ies) I may be a part of in this volunteer position.
14. I acknowledge that the board may choose to cancel any trip(s) I may be a part of in this volunteer position if travel conditions are dangerous, or for whatever reason, deemed unsafe (e.g., weather, health issues). I accept that the board will not be liable for any costs associated with such a cancellation.
15. I understand that should I have a concern involving any individual in the school community, I have read and will adhere to District Regulation 1162, *How to Communicate with Us: Guidelines for Resolving Problems or Concerns*. (<https://bit.ly/sd46r1000>)
16. I acknowledge that volunteers are not permitted to bring animals, children, or other dependents to school-sponsored activities, including outdoor learning, and any off-site or extended learning experiences undertaken under the direction or sponsorship of the school or district, while performing volunteer duties. Exceptions may be made only where the presence of an animal directly supports learning and student supervision is not required, and only with prior approval from the principal/supervisor or designate.
17. I have read the Board Expectations for Volunteers and the Confidentiality Agreement and agree to meet these expectations to the best of my ability.
18. I will complete my volunteer application by providing a copy of my photo ID to initiate a Criminal Record Check.
19. I authorize School District No. 46 (Sunshine Coast) to initiate a Criminal Record Check on my behalf as part of the screening process for volunteer positions. I understand that the Criminal Record Check is valid for up to five years from the date of the search at the school/department site(s) listed, and that it is my responsibility to disclose any new criminal convictions during that five-year period.
20. I understand, acknowledge and consent to the above as described herein.

Date (yyyy/mm/dd)

Name (Please print)

Signature

Parent/Guardian consent (if under 18 years of age)

Children(s) Name(s) (if applicable)

Emergency Medical Information *(Attach a separate page if more space is needed)*

Allergies

Do you have any allergies (e.g., specific drugs, certain foods, insect stings, hay fever?) (specify)

Reaction to above

Carries EpiPen? Yes No Ana Kit? Yes No

Medical/Physical conditions that may affect participation in the program/activity (e.g., recent illness/injury, chronic conditions, phobias)

Specify the condition(s) and requirements for program modification, or specific activities you will not participate in.

Medications

Medication(s) taken during program time (name, reason, dosage, storage, potential side effects/treatment of such)

Note: Where medications need to be taken during a program or off-site activity, they must be brought in their original labeled container.

Any Other Health/Medical/Dietary Concerns

Emergency Contact

Name	Day Phone No.	Evening Phone No.	Cell
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Personal information contained on this form is collected under the authority of the School Act for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.