Appendix B

DURHAM DISTRICT SCHOOL BOARD
VOLUNTEER APPLICATION FORM

(This information will be used by administration in matching your unique gifts and interests with volunteer opportunities within the school. the Principal retains the authority to accept or decline a volunteer's offer of service.)

Name: _____
(*first name)* *(last name)*

Address: _____
(#, street) *(city/town)* *(postal code)*

Telephone: _____
(home) *(business)* *(cell)*

Training/Certification: _____E-mail: _____

How do you prefer to be addressed by students? _____

Experience with children or youth: _____

Do you have a child currently registered in this school: ☐ YES ☐NO _____
(if yes, name of student)

Do you have a child currently registered in any other DDSB school: ☐ YES ☐NO _____
(if yes, name of school)

Please describe your previous volunteering experiences and any hobbies/skills you have.

_____

_____

I have an interest in the following areas (<u>check all that apply</u>):

- □ Supervising co-curricular clubs, events or activities
- □ Assisting with school excursions
- □ Transporting teams or groups
- □ Coaching/training students
- □ Assisting within the classroom
- □ Volunteering in the library
- □ Assisting within food programs
- □ Tutoring/Mentoring

I have a special interest and/or expertise in: _____ Qualifications/Certification: _____

What grade level(s) do you prefer to volunteer your time (check all that apply):

Kindergarten ☐ 1-3 ☐ 4-6 ☐ 7-8 ☐ 9-10 ☐ 11-12☐ Any Grade ☐

<u>Availability</u>*:* I am available on the following days and times (<u>check all that apply</u> AM, PM or Evening)*:*

- □ Monday (AM, PM, Evening)
- □ Tuesday (AM, PM, Evening)
- □ Wednesday (AM, PM, Evening)
- □ Thursday (AM,PM, Evening)
- □ Friday (AM, PM, Evening)

Please provide two references (name, phone # or email) who can comment on your strengths and/or experiences with children or adolescents, and who we may contact.

1. _____

2. _____

I, _____ (volunteer name; please print), will fulfil the role of volunteer to the best of my ability and maintain the strictest confidence in my work with students and the staff of the school.

- ☐ I understand that I will not be able to bring other children with me when I am working as a volunteer responsible for the supervision of students.
- ☐ I understand that I may be required to provide an appropriate Police Record Check *(Criminal Record and Judicial Matters Check (CRJMC) or Vulnerable Sector Check (VSC))* prior to beginning a volunteer activity and that an annual Offence Declaration may need to be completed should I wish to continue volunteering in subsequent school years (Appendix E)
- ☐ I give permission for an administrator to contact the above-named references.

Signature: _____ Date: _____

The DDSB is committed to upholding rights and responsibilities under the Ontario Human Rights Code and Accessibility for Ontarians with Disabilities Act. If you require accommodation to access or complete this form, please contact the principal.

Please note: We welcome and encourage applications from people with lived and other experiences that reflect the diverse communities the school and the DDSB serves.

Personal information collected on this form is authorized under the Education Act and will be used for administration of the Volunteer Programs in Schools Procedure. Information will be retained and disposed of in accordance with Board policies and procedures. Questions about this collection of personal information should be directed to People and Culture, Durham District School Board, 400 Taunton Rd., E., Whitby, Ontario L1R 2K6, phone (905)666-5500 or 1-800-265-3968.

To be completed by the Principal

Police Records Check required: ☐ Yes ☐No

If yes, type of PRC: ☐ Criminal Record and Judicial Matters Check (CRJMC) or ☐ Vulnerable Sector Check (VSC)

Police Records Check (CRJMC or VSC) received: Date: _____

Start Date for Volunteer: _____

Signature of Principal: _____ Date: _____