



Volunteer Registration Form

Greater St. Albert Catholic Schools

Name of school or department: _____

Name: _____

Mailing Address: _____

Do you have children registered in this school? Yes _____ No _____

If yes, please indicate their name(s) and Grade(s)

(Name) (Grade)

(Name) (Grade)

If not, please provide at least two references.

I, _____ acknowledge that I am a volunteer and that I will provide volunteer services to the best of my capability to Greater St. Albert Roman Catholic Separate School Division. I agree that in the fulfillment of my role as a volunteer on behalf of the Greater St. Albert Roman Catholic Separate School Division, I shall keep confidential all information of which I am aware, and information which I acquire, in the course and scope of fulfilling my duties, or working with students and staff as a volunteer. I shall not use, release, publish, or disclose any information acquired as a result of my participation in school-related activities, not through the completion of duties assigned, as a volunteer, regardless of the form in which the information is acquired, except as may be necessary in order to complete the duties I have agreed as a volunteer.

I acknowledge that Greater St. Albert Roman Catholic Separate School Division and its employees and contractors are bound by the Freedom of Information and Protection of

Privacy Act. I understand that this act applies to all records within the custody and control of Greater St. Albert Roman Catholic Separate School Division and that a record is defined as a record of information in any form and includes books, documents, maps, drawings, photographed, recorded or stored in any manner.

I further acknowledge that personal information which is protected under the privacy of the provisions of the Freedom of Information and Protection of Privacy Act includes any recorded information about identifiable individuals, such as students or employees.

I will also abide by the requirements of the school as is to be outlined by the principal and/or teacher for the school that I provide volunteer services.

By signing this form I agree to the conditions outlined above.

Volunteer (print name)

Signature of Volunteer

Date

(Please return this form to the School Principal and/or supervisor)

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 Education Act. If you have any questions about this form, please contact the school principal or the division office.

Office Use

Application Approved: YES / NO

Date:

Principal's Name: _____

Principal's signature: _____

Comments: _____



Greater St. Albert
Catholic Schools

VOLUNTEER CONFIDENTIALITY UNDERTAKING

I acknowledge that I am a volunteer and that I will provide volunteer services to the best of my capability Greater St. Albert Catholic Schools.

I agree that in the fulfillment of my role as a volunteer on behalf of the Greater St. Albert Catholic Schools, I shall keep confidential all information of which I am aware, and information which I acquire, in the course and scope of fulfilling my duties, or working with students and staff as a volunteer.

I shall not use, release, publish, or disclose any information acquired as a result of my participation in school-related activities, not through the completion of duties assigned, as a volunteer, regardless of the form in which the information is acquired, except as may be necessary in order to complete the duties I have agreed to accept as a volunteer.

I acknowledge that Greater St. Albert Catholic Schools and its employees and contractors are bound by the Freedom of Information and Protection of Privacy Act.

I understand that this act applies to all records within the custody and control of Greater St. Albert Catholic Schools and that a record is defined as a record of information in any form and includes books, documents, maps, drawings, photographs, letters, vouchers, and papers and any other information that is written, photographed, recorded or stored in any manner.

I further acknowledge that personal information which is protected under the privacy of the provisions of the Freedom of Information and Protection of Privacy Act includes any recorded information about identifiable individuals, such as students or employees.

Volunteer Name (Please print)

Volunteer Signature

Date: _____

Please return this completed form to the School Principal and / or Supervisor.



Greater St. Albert
Catholic Schools

DECLARATION FORM FOR VOLUNTEERS

Do you possess a record of criminal conviction? Yes _____ No _____

If yes, what was the nature of the conviction? Please state when and where you were convicted?

Do you possess a Child Welfare record in Alberta? Yes _____ No _____
(please indicate if you might have caused a child to need protection)

If yes, what was the nature of the complaint? Please state when and where the situation occurred that caused a child to need protection.

I understand that a false declaration or willful omission may result in a cancellation of my ability to volunteer with Greater St. Albert Catholic Schools.

I also understand that should any of the above requested information change after making this declaration, I must immediately inform the principal of the school of any change.

Please sign and date below.

Print name

Signature