



Halton District School Board
Volunteer Application Form

Please file this information sheet at the school.

A. GENERAL DATA

Name: _____
First Name (please print) Last Name (please print)

Address: _____

Town: _____ Postal Code: _____

Tel. Home: _____ Tel. Business: _____ Tel. Cell: _____

Email: _____ Driver's License: Yes No

Experience with children or youth: _____

B. VOLUNTEER CLASSIFICATION I am a (please check one):

Parent/Guardian Name(s) of Children _____

Other (please specify): _____

C. LANGUAGES SPOKEN

Please check all that apply.

English French Urdu Arabic Mandarin Punjabi Russian
 Hindi Spanish Gujarati Serbian Korean Tamil Other _____

D. SCHOOL/INTEREST AREA

I would like to volunteer at (enter the name of the school): _____

I have an interest in the following area(s):

- | | |
|--|--|
| <input type="checkbox"/> Assisting with school excursions | <input type="checkbox"/> Assisting in the office (e.g., Absence check) |
| <input type="checkbox"/> Transporting teams or groups (the Board has minimum insurance requirements) | <input type="checkbox"/> Assisting in the classroom |
| <input type="checkbox"/> Volunteering in the classroom | <input type="checkbox"/> Assisting in a specific area (specify) _____ |
| <input type="checkbox"/> Library/Learning Commons | <input type="checkbox"/> School Events for parents/guardians |
| <input type="checkbox"/> Coaching/training students | <input type="checkbox"/> School Events for students |
| <input type="checkbox"/> Other activities (please specify) _____ | <input type="checkbox"/> Participating on School Council |

E. GRADE LEVEL: Please identify the grade level(s) you would like to work with.

Kindergarten Grades 1-3 Grades 4-6 Grades 7-8 Grades 9-12 N/A

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F. AVAILABILITY: Please enter a “✓” for day(s) and time(s) preferred in the table below.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Other					

G. REFERENCES: (not relatives)

(i) Name: _____

Address: _____

Telephone: _____ Relationship: _____

(ii) Name: _____

Address: _____

Telephone: _____ Relationship: _____

H. APPLICANT’S CERTIFICATION

Have you ever been convicted of a criminal offence for which you have not received a pardon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby agree to inform the school administrator of any charges and/or convictions incurred by me subsequent to the date of the Criminal Background Check and the Vulnerable Sector Screening.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby authorize the above references to be contacted as the basis for this check.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby agree to respect the confidentiality of all information that I may receive regarding any pupils or staff while a volunteer.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Volunteer’s Signature: _____ **Date:** _____

OFFICE USE ONLY:

Police Record Check with Vulnerable Sector Screening received: Yes No

School Official (Principal or designate): _____

(please print)

Date: _____

Note: *Should volunteers continue to serve as volunteers in subsequent school years, an annual offence declaration must be completed and submitted annually.*