



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:** \_\_\_\_\_

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**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.*