

Volunteer Application Form

Thank you for your interest in becoming a parent/guardian volunteer. Your involvement is highly valued, and we appreciate your willingness to contribute to our school community. Please complete the following application form to help us better understand your interests and availability.

General Data

First name: _____ Last name: _____

Address: _____ City: _____ Postal code: _____

Cell No: _____ Email: _____

Driver's License: ☐ Yes ☐ No

Volunteer Classification

I am a (please check one):

☐ Parent/Guardian Name(s) of Children: _____

☐ Other (please specify): _____

AODA Vendor/Service Provider Compliance Statement

In accordance with the requirements of Section 6 of the Accessibility Standards for Customer Service and Sections 7 and 36 of the Integrated Accessibility Standards under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA), all persons who provide goods, services, or facilities on behalf of the Halton District School Board shall be trained on the requirements of each regulation and the Ontario Human Rights Code. **Training is mandatory prior to volunteering.**

☐ I hereby attest that I have completed the [AODA online training](#) on (enter date): _____

☐ No, I have not completed the AODA free online training.

Languages Spoken (Check all that apply). Please check all that apply:

☐ English

☐ French

☐ Urdu

☐ Arabic

☐ Mandarin

☐ Punjabi

☐ Russian

☐ Hindi

☐ Spanish

☐ Gujarati

☐ Serbian

☐ Korean

☐ Tamil

☐ Other languages

School/Interest Area

- ☐Assisting with school excursions
- ☐School events for parents/guardians
- ☐School events for students
- ☐Classroom assistance
- ☐Participating on school council
- ☐Library/learning commons

- ☐Assisting in a specific area. Specify _____
- ☐Coaching/training students
- ☐Transporting teams or groups (the Board has minimum insurance requirements)
- I would like to volunteer at: Specify school _____
- ☐Other activities. Specify _____

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

Availability Please enter an "X" for day(s) and time(s) preferred in the table below.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	☐	☐	☐	☐	☐
Afternoon	☐	☐	☐	☐	☐
Other	☐	☐	☐	☐	☐

References: (not relatives)

Name: _____
Address: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
Telephone: _____
Relationship: _____

Applicant's Certification

Have you ever been convicted of a criminal offence for which you have not received a pardon? ☐Yes ☐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. ☐Yes ☐No

I hereby authorize the above references to be contacted as the basis for this check. ☐Yes ☐No

I hereby agree to respect the confidentiality of all information that I may receive regarding any pupils or staff while a volunteer. ☐Yes ☐No

Volunteer's Signature: _____ **Date:** _____

OFFICE USE ONLY

Police Record Check with Vulnerable Sector Screening received: ☐Yes ☐No

AODA Online Training has been completed: ☐Yes ☐No

School Official (Principal or designate): _____ Date: _____

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