

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 free online training](#) on (enter date): _____

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

Languages Spoken (Check all that apply) LANGUAGES SPOKEN Please check all that apply:

English

Hindi

French

Spanish

Urdu

Guharti

Arabic

Serbian

Mandarin

Korean

Pubjabin

Tamil

Russian

Other language

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References: (not relatives)

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

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

Applicant's Certification

1. Have you ever been convicted of a criminal offence for which you have not received a pardon? Yes No
2. I hereby agree to inform the school administrator of any charges and/or convictions. Yes No
3. I hereby authorize the above references to be contacted as the basis for this check. Yes No
4. I hereby agree to respect the confidentiality of all information that I may receive regarding any pupils or staff while a volunteer. Yes No
5. I hereby acknowledge that I am aware of and will abide by the 5-year renewal of the Police Record Check requirements. Yes No
6. I hereby acknowledge that if a Police Record Check is not required that year, I have submitted an Annual Offence Declaration to the school by Sept. 1. Failure to submit automatically invalidates my Police Record Check with Vulnerable Sector Check on file, and I will be required to submit a new Police Record Check with Vulnerable Sector Check before I can continue volunteering. 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: _____