Medicine Hat Public School Division

601-1st Avenue SW, Medicine Hat, AB T1A 4Y7 | Phone 403.528.6700 | Fax 403.529.5339 | www.mhpsd.ca

# VOLUNTEER REGISTRATION FORM

***Once approved the volunteer registration form will be held for three years***

**PART A – Personal Information**

First name: _____ Last name: _____

Mailing Address: _____

Contact Number(s):

Primary Phone: _____ Secondary Phone: _____

References (Please list at least two):

Name: _____ Telephone: _____

Name: _____ Telephone: _____

| |
|---|
| Do you authorize a representative of MHPSD to contact the above-mentioned references? ☐ Yes ☐ No |
| Have you provided a Police Information Check with Vulnerable Sector Search? ☐ Yes ☐ No ☐ Pending |

**PART B - Volunteer Code of Conduct**

When participating in programs and activities in MHPSD schools, volunteers are expected to:

1. Adhere to the standards of behaviour and ethical conduct required of division staff.
2. Treat all persons with dignity and respect without prejudice as to race, religious beliefs, colour, gender, gender identity, gender expression, physical disability, mental disability, ancestry, place of origin, marital status, source of income, family status or sexual orientation of that person or class of persons or of any other person or class of persons, in accordance with Section 7(1) of the Alberta Human Rights Act (2000).
3. Observe confidentiality in respect of all information gained through your participation as a volunteer.
4. Not volunteer while under the influence of alcohol or drugs.

5. Appreciate that all volunteers are subject to the direction of the Principal.
6. Respect the right of the teacher to discipline students.
7. Accept and follow directions from the Lead Teacher and seek clarification when uncertain of tasks or requirements. The Lead Teacher is in charge at all times.
8. Take every reasonable and necessary precaution to ensure their personal safety and wellness as well as that of others and report to the Lead Teacher any hazard or hazardous practice.
9. Practice careful stewardship of money, property, and resources of the school.
10. Provide a Police Information Check including vulnerable sector check and an Intervention Record Check prior to assuming any volunteer duties relating to:
    - 10.1. Involvement in sports teams;
    - 10.2. Overnight field trips;
    - 10.3. Activities involving the supervision of students where the division staff members are not in attendance at all times; or,
    - 10.4. Driving students.

**PART C - Confidentiality**

This is to certify that I, _____
(please print name)

understand that any information (written, verbal or in any other form) obtained during the performance of my duties as a volunteer for Medicine Hat Public School Division must remain confidential.

This includes all information about students, employees, and contract staff members, as well as any information otherwise marked or known to be of a confidential nature.

I understand that any unauthorized release of, or careless handling of, confidential information is considered a breach and would be grounds for cancellation of my volunteer status and/or possible personal liability in any legal action arising from such breach.

_____ _____
Signature of Volunteer Date

**Acknowledgement and Consent**

I have read, understood, and agree to comply to the following:

1. I acknowledge that volunteering for and participation in MHPSD school programs and activities involves risk and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

   In consideration for the opportunity to volunteer, and recognizing my right to refuse consent, I acknowledge and accept the risks of injury associated with participation in and transportation to and from the activities.

2. That confidentiality is of the utmost importance to ensure that the dignity of students, parents, volunteers, and school staff is honoured.
3. That any information collected, used, generated, and stored by the Medicine Hat Public School Division, including student, instructional, financial, or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
4. That any change in my criminal record status will be reported to Medicine Hat Public School Division.

| Name of Volunteer | Signature of Volunteer |
|---|---|
| Witness Signature | Date |

**Administration Only**

I approve the above as a volunteer ☐ Yes ☐ No

| Administrator Signature | Date |
|---|---|

Medicine Hat Public School Division
601-1st Avenue SW, Medicine Hat, AB T1A 4Y7 | Phone 403.528.6700 | Fax 403.529.5339 | www.mhpsd.ca

# VOLUNTEER SAMPLE TEMPLATE FOR SCHOOL USE

| School | Class/Trip |
|---|---|
| Lead Teacher | Starting Date:<br>Ending Date: |
| Duties & Responsibilities: | |
| Procedure to report inappropriate conduct, injuries, or illness: | |
| Schedule (if applicable) | |

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| Morning | | | | | |
| Afternoon | | | | | |
| Other | | | | | |
| Other | | | | | |

Additional Details: