



SCHOOL VOLUNTEER REGISTRATION FORM

(Completion of this form is required to volunteer in School District No. 83)

Date: _____

School: _____

Last Name / First Name / Middle Initial

Gender

Street Address / City / Province / Postal Code

Home / Cell / Work Phone

Email Address

Date of Birth

Health Restrictions, if any: _____

Emergency Contact Name & Phone #: _____

I would like to volunteer in the following setting(s) and understand that a criminal record check is required to do so.

___ ONE-ON-ONE ___ SMALL GROUP ___ CHAPERONE SCHOOL SPONSORED TRIPS ___ NOT DIRECTLY WITH STUDENTS

Please Initial

As a volunteer, I agree to abide by the rules and policies of the Board of Education. I have received, read, and understand Board Policy 240 – Volunteers in Schools and Board Policy 120 – District Code of conduct and I agree to abide by all provisions of said policies.

I understand that I must maintain strict confidentiality with information to which I have access while performing my duties. I also understand that all personally identifiable information regarding students is confidential and that I may not disclose or discuss any such information except to/or with the teacher.

My signature on this form is deemed to constitute notification that a criminal record check is requested of me.

Applicants Signature (Required to Volunteer)

Date

Updated: September 3, 2026