



PALLISER REGIONAL SCHOOLS VOLUNTEER CLASSROOM SUPPORTS, COACHES AND SUPERVISORS REGISTRATION FORM

School: _____ **Activity:** _____

Palliser Regional Schools appreciates the service provided by volunteer supervisors/coaches for extra-curricular activities. In order to ensure safety for students, the Board of Trustees believes that those offering to volunteer in such activities should provide a formal registration.

Last Name: _____ **Given Name(s):** _____

Mailing Address: _____

Street Address/Box No.

Town

Postal Code

Telephone No.: _____ (Daytime) _____ (Evening)

Do you have children registered in this school? Yes _____ No _____

If yes, please list by name and grade:

Name

Grade

| Name | Grade |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please provide two character references that can be contacted by the school:

Name

Contact Numbers

| Name | Contact Numbers |
|-------|-----------------|
| _____ | _____ |
| _____ | _____ |

Do you have a criminal record? Yes _____ No _____

(Please be advised the Board requires that a Criminal Record Check (CRC) for volunteer classroom supports, coaches and supervisors be provided to the school administration. Any costs incurred for CRC fees will be reimbursed by the school.)

ANY CHANGES TO CRC AND DRIVER'S ABSTRACT STATUS MUST BE DISCLOSED TO THE SCHOOL ADMINISTRATION.

As a volunteer supervisor and/or coach, you are advised of the following:

1. The Principal (or designate) is the supervisor for volunteer supervisors/coaches.
2. The Board's liability insurance covers all approved volunteer supervisors/coaches.
3. Confidentiality is of utmost importance, and you are asked to read and sign the attached Confidentiality Form.
4. If an activity is to be conducted by a volunteer without the supervision of a teacher, the Principal (or designate) shall cover the following items in an orientation meeting with the volunteer:
 - a) School philosophy regarding participation of students in the activity (selection, playing time, etc.);
 - b) Use of school facilities and equipment;
 - c) Supervision expectations;
 - d) Discipline and referral procedures;
 - e) Communication with parents;
 - f) Finances and fund-raising;
 - g) Transportation procedures; and
 - h) Professional development opportunities.

Acknowledgement:

By signing this volunteer registration form, I signify I am in agreement with the conditions outlined.

Signature: _____ Date: _____

WITNESS:

Name: _____ (please print)

Signature: _____ Date: _____

The Freedom of Information and Protection of Privacy Act (FOIP) sets controls and standards on how public bodies such as school boards collect, use and disclose personal information that is in their custody or under their control. The information you have provided on this form is being gathered for contact purposes and to determine your eligibility to serve as a volunteer supervisor/coach for Palliser Regional Schools, and will not be used for any other purpose without your authorization. Only those Palliser employees requiring this information to perform their duties will have access to it.

If you have any questions about the collection, use of disclosure of information collected in this registration process or on any matters of access or privacy, please feel free to contact:

*The FOIP Coordinator
Palliser Regional Schools
(403) 328-4111
(1-877-667-1234 toll-free)*