

# EDMONTON PUBLIC SCHOOLS

## VOLUNTEER REGISTRATION

Edmonton Public Schools values the partnership of staff, students, parents and community in supporting teaching and learning. Volunteers provide much needed support to our schools by working positively and cooperatively with the school team. Volunteer activities are site managed in a way that best fits the needs and interests of the local school community.

SCHOOL YEAR \_\_\_\_\_ SCHOOL \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

PARENT, LEGAL GUARDIAN, OR RELATIVE OF STUDENT REGISTERED AT THIS SCHOOL?

If yes, please list name and grade of student(s):

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

Please indicate the following areas in which you would be interested in providing volunteer support:

*\*Note that volunteer coaches, chaperones of overnight field trips, and drivers transporting students for school-related activities are required to undergo police record checks.*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Attendance                | <input type="checkbox"/> Field Trips (not overnight)      | <input type="checkbox"/> Newsletters                    |
| <input type="checkbox"/> Clubs                     | <input type="checkbox"/> Field Trips –overnight           | <input type="checkbox"/> School-wide special            |
| <input type="checkbox"/> Coaching*                 | <input type="checkbox"/> General Office Support           | <input type="checkbox"/> Small groups of students       |
| <input type="checkbox"/> Computer support          | <input type="checkbox"/> Individual students              | <input type="checkbox"/> Sports (not coaching)          |
| <input type="checkbox"/> Displays                  | <input type="checkbox"/> Inventory/carding/shelving books | <input type="checkbox"/> <u>Other (please specify):</u> |
| <input type="checkbox"/> Driver for School Events* | <input type="checkbox"/> Lunch/snack program support      | <b><u>Study Buddy</u></b>                               |

By signing this form, I acknowledge the following conditions for volunteering:

- A volunteer must respect the privacy of students and staff. Any information about students or staff, personal or otherwise, learned through the course of volunteering is to remain confidential.
- A volunteer must hold any information collected, used, generated, or stored by an Edmonton Public School is strictly confidential.
- A volunteer must not disclose, communicate, publish, remove, copy, or destroy any Edmonton Public Schools documents unless specifically authorized to do so by a teacher, the principal or designate.
- A volunteer must respect that the principal and teaching staff are responsible for student learning and behaviour.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The information on this form is collected in accordance with the Freedom of information and Protection of Privacy Act of Alberta for the purpose of maintaining a registry of volunteers I Edmonton Public Schools. Your contact information will be kept confidential and used only by the school for the purpose of communicating with you about school activities for which you might volunteer.

**STUDY BUDDY INFORMATION FORM**

Post-Secondary Institution \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

**AVAILABILITY: Please check (✓)**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mornings					
Afternoons					

**PREFERRED GRADES TO WORK: Please check (✓)**

Early Childhood	1	2	3	4	5	6	7	8	9	10-12

**AREAS OF INTEREST:**

Please check (✓) one or more as appropriate.

<input type="checkbox"/>	Individual students
<input type="checkbox"/>	Small groups of students
<input type="checkbox"/>	Students inside the classroom
<input type="checkbox"/>	Students outside the classroom

**Subject Areas Preferred:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Requests (e.g. ESL, Special Ed., etc.)**

\_\_\_\_\_

I give consent to the school to contact the following people: (Please include one personal and one school or work reference). **References will be checked.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REFERENCES:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_ (H)

Address: \_\_\_\_\_ PC \_\_\_\_\_ (W)

Name: \_\_\_\_\_ Phone \_\_\_\_\_ (H)

Address: \_\_\_\_\_ PC \_\_\_\_\_ (W)

**PLEASE COMPLETE BOTH FORMS AND BRING THEM TO YOUR FIRST VISIT AT THE SCHOOL**