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.

□ Attendance □ Field Trips (not overnight) □ Newsletters
□ Clubs □ Field Trips – overnight □ School-wide special
□ Coaching* □ General Office Support □ Small groups of students
□ Computer support □ Individual students □ Sports (not coaching)
□ Displays □ Inventory/carding/shelving books □ Other (please specify):
□ Driver for School Events* □ Lunch/snack program support

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 | 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 (✓)

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<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tr>
<td>Mornings</td>
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<td>Afternoons</td>
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PREFERRED GRADES TO WORK: Please check (✓)

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<th>Early Childhood</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10-12</th>
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AREAS OF INTEREST:
Please check (✓) one or more as appropriate.

| Individual students | | | | | | | | | | |
| Small groups of students | | | | | | | | | | |
| Students inside the classroom | | | | | | | | | | |
| Students outside the classroom | | | | | | | | | | |

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