

## Brant Christian School Volunteers

Thank you for your consideration of volunteering with Brant Christian School! We appreciate your support and dedication to our school community.

It is important that volunteer forms and all of the required documents are completed and handed into the school office **PRIOR** to the event you will be volunteering for. Thank you.

The following forms are part of our Volunteer Package and therefore required for volunteering.

- **Criminal Record Check – REQUIRED FOR ALL VOLUNTEERS who will be working with students** - (every 2 years (first to be completed within 3 months of volunteer opportunity). If you were a parent of Brant last year and aren't sure if you have a CRC on file, please call the school office. **Please request a letter from the school to take to your local RCMP or Police department to receive this document at minimal or no cost (depending on detachment) if you may be seeking to volunteer.**
- Volunteer Registration
- Volunteer Medical Information Form
- Volunteer Consent Form
- Declaration of Confidentiality Form

### **Volunteer Drivers are required to have all of the above documents as well as the following:**

- Volunteer Automobile Driver Authorization Form with proof of insurance attached
- Current Driver's Abstract PLEASE NOTE: Drivers abstracts must be on file **prior** to driving students. Please obtain from your local registry office.

### **Volunteer Drivers please also note:**

- *Volunteers under the age of 21 or over the age of 65 are not eligible to be a volunteer driver.*
- *Vehicle public liability & property damage insurance must be \$2,000,000, please contact your insurance agent to ensure proper insurance coverage and to make them aware that you will be driving students. The Volunteer Automobile Driver Authorization Form must be completed and proof of insurance attached.*
- *Volunteer drivers must be owner & operator of the vehicle being used to transport students and have a valid class 5 drivers license.*

Please feel free to contact the school office at 403-684-3752 and leave a voice mail or email [catherine.massey@pallisersd.ab.ca](mailto:catherine.massey@pallisersd.ab.ca) with any questions.



**Palliser Regional Schools  
Classroom Volunteer, Coaches and  
Supervisors Registration Form**

SCHOOL YEAR: 2024-2025

Mr./Mrs./Ms.: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

SCHOOL NAME: BRANT CHRISTIAN SCHOOL

ADDRESS: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list any children or grandchildren registered in the above school?

\_\_\_\_\_

\_\_\_\_\_

**A. VOLUNTEER SECURITY DISCLOSURE:**

Have you ever been charged or convicted of an offence under the *Criminal Code, Narcotic Control Act, Food and Drug Act, or Firearms Act* of Canada, or the criminals laws of any other country?  Yes  No  
(Individual who have been granted pardons are not required to respond "Yes" to this question).

Have you ever been the subject of an investigation or order under the *Child Welfare Act* of Alberta or equivalent legislation in any other province or country? (If you answer "Yes" to this question, you must submit a current Child Welfare Statement along with this form).  Yes  No

Are there any conditions which might cause concern regarding your suitability as a volunteer?  Yes  No

If the answer to any of the above questions is "Yes" provide details including dates, depositions, and any other pertinent information:

**NOTE:** "Yes" to any one of the above questions will not automatically exclude an applicant from becoming a volunteer within Palliser Regional Schools.

As a volunteer, we would like to advise you of the following conditions:

1. That confidentiality is of the utmost importance in the school setting in order to ensure that the dignity and worth of students, parents, volunteers and staff is honored.
2. That any information collected, used, generated and stored by Palliser Regional Schools including student, instructional, financial or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.

3. That you may not disclose, communicate, publish, take, alter, copy, interfere with or destroy any information unless you are specifically authorized to do so by the teacher or principal.
4. That you must notify the principal of any new criminal charges at the time the charge is made or any other situation that calls into question your suitability as a volunteer.
5. That the teaching and administration staffs are responsible for student learning and discipline.
6. That as a volunteer you can assist in enhancing the learning environment by working cooperatively with the school team.
7. That you as a volunteer you are responsible to the Principal or teacher for all actions relating to students. You shall NOT:
  - a) diagnose educational needs of students;
  - b) prescribe remediation;
  - c) evaluate the results of instruction;
  - d) carry out any instructional responsibilities unless under the direct supervision of a teacher;
  - e) disclose information about a student(s) or staff member(s) except through appropriate channels.
8. Failure to comply with these conditions or Palliser Regional Schools policies may result in termination of your position as a volunteer.

By signing this volunteer registration form I am agreeing to the conditions outlined above, as well as verifying that all information provided is accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**B. COMPLETE THE FOLLOWING ONLY IF YOUR VOLUNTEER POSITION PUTS YOU IN A POSITION TO BE ALONE WITH STUDENTS:**

1. Please list at least two references with whom the school may check:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. I have submitted a Police Information Check including a Vulnerable Sector Screening Check  Yes  No



**Palliser Regional Schools  
Volunteer Consent/Risk Acknowledgement  
Form**

VOLUNTEER NAME: \_\_\_\_\_ SCHOOL Brant Christian School

**1. Select either (i) or (ii)**

- (i)  I will be given the opportunity to participate in the following program or activity (please specify program):

Please circle one:

**Classroom or in school help 2024-2025 or Coaching 2024-2025**

- a) Name of the Service Provider (If Applicable): \_\_\_\_\_
- b) Location: \_\_\_\_\_
- c) Date: \_\_\_\_\_
- d) Teacher/Coach/Leader in Charge: \_\_\_\_\_

- (ii)  I will be given the opportunity to participate in the following series of off-site activities for the following program (please specify program):

**Field Trips, volunteer driving, etc. 2024-2025**

**SEE THE ATTACHED LIST FOR ACTIVITY(IES), DATE(S), LOCATION, SERVICE PROVIDER  
AND TEACHER/COACH/LEADER IN CHARGE**

**2. Expectations for Volunteers**

Volunteers are part of the supervision of off-site activities and are expected to:

- Review and comply with the requirement of Administrative Procedure 470 - Volunteers
- Have qualifications appropriate for the off-site activity;
- Know the details of the off-site activity and their specific duties and authority prior to departure;
- Exhibit positive behaviour, participate as a school team member and be an acceptable role model;
- Support and follow the school code of conduct;
- Report any inappropriate conduct to the teacher/coach/leader in charge;
- Adhere to the schedule or itinerary;
- Dress appropriately for the off-site activity;
- Fulfill their duties as supervisors for the duration of the off-site activity, including evening and weekends;
- Notify the principal of any new criminal charges at the time the charge is made, subsequent to #2 above;
- Maintain confidentiality to ensure that the dignity and worth of students, parents, volunteers and school staff is honored;
- Ensure that any information collected, used, generated and stored by Palliser Regional Schools including student, instructional, financial, or administrative information is strictly confidential and not used beyond volunteer duties.

**Consent and Acknowledgement of Risk**

Potential hazards and risks of the off-site activity may include but are not limited to financial loss, illness, injury or death. I acknowledge the existence of known risks and potential unknown risks and I voluntarily assume the risks which may include but are not limited to:

- I am satisfied that I have been informed of my right to obtain as much information about this program or activity as I feel necessary, including information beyond that provided to me by the School or Board to the extent that I require and am not, in any way relying solely upon information provided by Palliser Regional Schools respecting the nature and extent of the risks and hazards associated with the program or activity.
- I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge that I, as a volunteer, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
- If required, I will participate in any preparatory sessions associated with this activity or program.
- I acknowledge that it is my responsibility to advise Palliser Regional Schools of any medical or health concerns which may affect my participation in that stated program or activity.
- I consent that Palliser Regional Schools, through its employees, agents and officers at the school may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for my health and safety and that I shall be financially responsible for such advice and services.

**By signing this volunteer registration form, I am agreeing to the conditions outlined above.**

**Name (Please Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guarding signature [if volunteer is under 18 years of age]:**

**Name (Please Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

The personal information contained on this form is collected under the authority of the Education Act, the Education Administration and the Freedom of Information and Protection of Privacy Act for the purpose of participating on school trips. If you have any questions about this form, please contact your school principal.



**Palliser Regional Schools  
Volunteer Medical Information**

**HEALTH INFORMATION: Teacher/Coach/Leader in Charge will have a photocopy of this information during the off-site Activity(ies) to address health and medical needs including emergencies and may share this information with others as deemed necessary.**

**MUST BE COMPLETED**

Volunteer Name: \_\_\_\_\_ AHC# \_\_\_\_\_ *(Required if trip is outside Alberta)*

Birth Date: \_\_\_\_\_ Allergies: \_\_\_\_\_

Health/Medical Conditions (include signs/symptoms) indicating an emergency response is required and steps taken in event of emergency related to this condition:

Medications Taken (Name, Reason, Dosage)

List Triggers that could activate medical condition

Medical Treatment Restrictions (if any) e.g. Blood Transfusions

Dietary Restrictions (If Any):

Other Concerns:

Emergency Contacts:

1) \_\_\_\_\_

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

2) \_\_\_\_\_

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

I understand and consent to the above as described herein:

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(Please Print)*



## PALLISER REGIONAL SCHOOLS VOLUNTEER CONFIDENTIALITY FORM

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Name of Volunteer: \_\_\_\_\_

School: Brant Christian School

### DECLARATION OF CONFIDENTIALITY

I promise that I will maintain confidentiality with respect to information regarding all students or employees of Palliser Regional Schools. I understand that disclosure on my part of any such privileged information may be cause for the removal of my status as an approved volunteer in Palliser Regional Schools.

IN WITNESS WHEREOF this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I hereby acknowledge that I have read, understand and accept the above responsibility as a Palliser Regional Schools volunteer.

Signature: \_\_\_\_\_

#### WITNESS:

Name: \_\_\_\_\_ (please print)

Signature: \_\_\_\_\_



## PALLISER REGIONAL DIVISION NO. 26 VOLUNTEER AUTOMOBILE DRIVER AUTHORIZATION

Volunteer drivers must inform their insurance company of their intention to use their automobile and to act as a volunteer driver for Palliser Regional Division No. 26 school activities. **Most insurance companies do not require an additional premium charge (or more than a nominal charge), because this service is classified as occasional and is not done for compensation.**

- A minimum of \$2,000,000 public liability and property damage coverage must be in force on the automobile insurance before a volunteer driver may use his/her vehicle to transport students**
- A current driver's abstract has been provided to the school.**

**Note:** Palliser Regional Schools does not provide liability insurance protection for individual drivers, beyond that provided under the driver's own automobile insurance while the volunteer drivers are transporting students in their own automobiles on a school-sponsored activity or function.

SCHOOL: Brant Christian School

VOLUNTEER DRIVER'S NAME: \_\_\_\_\_ STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_ CLASS: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

INSURANCE POLICY NO.: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

INSURANCE AGENT: \_\_\_\_\_

VEHICLE(S) DESCRIPTION: MAKE(S): \_\_\_\_\_ MODEL(S): \_\_\_\_\_ LIC Plate# \_\_\_\_\_

The vehicle(s) listed is adequately insured and I am properly licensed to drive it.

\_\_\_\_\_  
Signature of Volunteer Driver

\_\_\_\_\_  
Date

**Expiration Date: End of Current Academic Year**

**APPROVAL BY SCHOOL PRINCIPAL:**

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date