



Niton Central School

“HOME OF THE KNIGHTS”

5307-50 Street, Niton Junction, Alberta, T7E 5A1
780.795.3782

Volunteering at Niton Central School

At Niton Central School, we rely on our community volunteers to help make our programming the success that it is. Having parents and community members in our school is an important piece of NCS.

There are three forms required for volunteers who will be with students for more than ten hours throughout the year or working one on one with them. If you are unsure if you require the volunteer forms, please contact the school and we would be happy to help.

- School Volunteer Registration Form** - Administrative Procedure Form 490-01. (To be completed annually)
- School Volunteer Confidentiality Agreement** - Administrative Procedure Form 490-02. (To be completed annually)
- Criminal Record Check** with a Vulnerable Sector Check - Please bring the school provided RCMP detachment letter along with your photo ID to our local RCMP detachment office. (To be completed every 24 months)

In addition, if you would like to volunteer as a driver, you must also complete the forms listed below:

- Driver Information Form** - Administrative Procedure Form 565-01. This form is located on the gypsd.ca website under the forms tab.
- Driver's Abstract Consent Form** - Administrative Procedure Form 565-02. This form is located on the gypsd.ca website under the forms tab.

Criminal record checks with a vulnerable sector check are good for 24 months from the date of the record. Thank you for volunteering at Niton Central School. Our programs benefit from individuals like yourself helping our students succeed.

Sincerely,

Bailey Benson
Principal



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Edson RCMP Detachment
115 55th Street
Edson, AB
T7E 1S9

Date: _____

Re: _____ (Name)

To Whom It May Concern,

The above named individuals will be volunteering at Niton Central School. GYPSD administrative procedures 490 and 491 state that volunteers are required to provide a criminal record check (a.k.a. Vulnerable Sector Check) in order to work alongside our students.

I would like to request that you please provide the above named person with the appropriate documentation.

Thank you,

A handwritten signature in cursive script that reads "Bailey Benson".

Bailey Benson
Principal

ANNUAL SCHOOL VOLUNTEER REGISTRATION FORM

Valid only for the current school year.

In order to ensure the security and safety of our staff and students, all volunteers in our schools must be registered. The information collected on this form will be held in strict confidence.

A volunteer is:

An individual who assists the school and/or students in curricular and/or extra-curricular activities, not including Division employees, guest speakers, presenters, special visitors to the school or School Council members while in their role as School Council members.

Volunteers do not include:

- Guest Speakers or Presenters
- Visitors to the school
- Students volunteering in their own schools
- School Council members in their position as school council members
- Parents assisting their own children in the schools

Volunteers **must** be 18 years or older to register as a volunteer.

GYPSP students are not required to apply to volunteer in their own school.

Students wanting to volunteer in another school are required to apply to volunteer and are not required to be 18 years of age or older.

Name of School:	School Year:
Your Name: (Last Name, First Name)	Salutation: Mr. Mrs. Ms. No Title
Mailing Address:	Date of Birth: (YYYY/MM/DD)
Primary Phone Number:	Cell Phone Number:

Do you have children or grandchildren registered in this school?	YES NO
If yes, please list by name and teacher of homeroom.	
Name of Student(s):	Teacher(s)/Homeroom:

Your may be asked to provide two references:	
Name of Reference(s)	Phone Number(s):
Which position will you volunteer for most often? (select all that apply)	
Volunteer monitor (this is a multi-purpose volunteer position which may include supervising students)	Driver
Field trip volunteer	Coach
Other (please specify)	Hot Lunch
Do you have a criminal record for which you have <u>not</u> received a pardon?	YES NO

Check the level(s) preferred:

Kindergarten	Gr. 1	Gr. 2	Gr. 3
Gr. 4	Gr. 5	Gr. 6	Jr. High
Sr. High	Workroom	Gymnasium	Office
Library	Other:		

Check the days and hours you are available:

Monday		Tuesday		Wednesday		Thursday		Friday	
A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Do you intend to volunteer more than 10 hours throughout the school year?									
Yes									
No									

A Criminal Record Check with Vulnerable Sector Check is required before volunteer positions for overnight trips, in situations where volunteers may be alone with a student, or for supervision of children into washrooms requiring support with toileting are confirmed.

As a volunteer, the Division would like to remind you of the following conditions:

1. Confidentiality is of the utmost importance in the school setting in order to ensure that the dignity and worth of students, parents, volunteers and school staff is honoured.
2. Any information collected, used, generated, and stored by Grande Yellowhead Public School Division including student, instructional, financial, or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
3. 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. You must notify the Principal of any new criminal charges at the time the charge is made.
5. The teaching and administration staff is responsible for student learning and discipline.
6. Staff administration, teaching, and support staff have specific roles to play and it is important that the staff of a school operate as a team.

7. You as a volunteer can assist greatly in enhancing student learning by working positively and cooperatively with the school team.
8. Any failure to comply with these conditions or Grande Yellowhead Public School Divisions Administrative Procedure 490 - Volunteers may result in loss of privilege as a volunteer.

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

Signature

Date (YYY/MM/DD)

SCHOOL VOLUNTEER CONFIDENTIALITY AGREEMENT

I, _____, do hereby commit myself to the observance of the following conditions in my undertaking as a School Volunteer in:

1. I will not divulge any information pertaining to students, staff or parents received in confidence or in the course of duties as a volunteer, except as required by law.
2. I will disclose information about a student, gained while acting as a school volunteer, only to the student's teacher or to the principal.
3. I will disclose information about a staff member, gained while acting as a school volunteer, only to the principal.
4. I will disclose information about the principal, gained while acting as a school volunteer, only to the Superintendent of Schools.
5. I will not criticize the competence or work performance of a staff member except to the proper authorities and then only in confidence.
6. If, during the course of my duties as a volunteer, I gain information that leads me to believe that a child is in need of protective services I shall comply with the requirements of the Child, Youth, and Family Enhancement Act and Administrative Procedure 325 – Child Neglect and Abuse. I will report the situation to the principal and a child welfare worker employed by Community and Social Services.

Volunteer's Signature: _____

Date: _____