RICHMOND
SCHOOL DISTRICT NO.38

Richmond School District
7811 Granville Avenue, Richmond, BC V6Y 3E3
604-668-6000 I sd38.bc.ca

Volunteer Authorization Form

This form authorizes an individual to volunteer for school-related activities. All volunteers must meet the requirements of the B.C. School Act, board policies, and applicable B.C. laws. If you would like to be a volunteer driver, please complete the Driver Authorization Form.

Last Name		First Name			
Street Address					
City		Province		Postal Code	
Phone		Email			

Criminal Record Check

☐	I have completed an online criminal record check and submitted confirmation of completion to the school principal, in accordance with board policy. **Valid until:**

All volunteers who will not be directly supervised by district staff are required to complete a Police Information Check - Vulnerable Sector (PIC-VS).

Background Information

Have you ever been convicted of a criminal offense? ☐ Yes ☐ No

Do you have charges pending or restrictions working with children? ☐ Yes ☐ No

If yes to either question above, please provide details

Volunteer Experience

Education System
Community
Other

Health Information

Do you have any medical conditions that could affect your ability to volunteer? ☐ Yes ☐ No

If yes, please provide details

Reference

Last Name		First Name	
Relationship		Phone	

Emergency Contact

Last Name		First Name	
Relationship		Phone	

Volunteer Responsibilities

- Review and comply with relevant board bylaws, policy and procedures.
- Know the details of the activity(ies) and the specific duties, responsibilities and authority.
- Exhibit positive behaviour and be an acceptable role model.
- Abide by the District Code of Conduct and school rules.
- Report any inappropriate conduct to the employee sponsor.
- Adhere to the schedule or itinerary.
- Dress appropriately for the activity/environment.
- Wear any safety equipment required or highly recommended for the activity(ies) and environment(s).
- Be medically fit for participation.
- Maintain confidentiality of the personal information related to any student, staff member or other volunteer disclosed to me as part of my volunteer involvement.

Consent and Acknowledgement of Risk

- I accept the modes of transportation, if applicable.
- I acknowledge it is my responsibility to obtain information about the field trips including the associated inherent risks and mitigation strategies.
- I understand and acknowledge that I may suffer personal and potentially serious injury arising from my volunteer involvement.
- I understand that as a volunteer, I am covered by liability insurance but not covered under Worker's Compensation Board (WCB) Insurance.

- I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's, administrators and staff while volunteering on these field trips.
- I acknowledge that it is my duty to advise the board of any medical/health concerns/allergies that may affect my participation.
- I understand that I am obliged to keep confidential any student personal information (in particular health information) that is disclosed to me by the school, except as required for the purposes of discharging my obligations over the program/activity(ies).
- I acknowledge that the board may choose to cancel the field trip(s) if travel conditions are dangerous, or for whatver reason, deemed unsafe (e.g. weather, health issues). I accept that the board will not be liable for any costs associated with such a cancellation.
- I consent that the board, through its employees, agents and officers, may secure medical services and advice as they deem necessary for my immediate health and safety, and that I shall be financially responsible for such services and advice.
- I grant permission for the Richmond School District the right to use, without payment of any fee or charge and without limitation on time or frequency, for non-profit educational, promotional or publicity purposes only, any photographs, video footage, audiotape or digital images.

I certify that the information provided is complete and accurate, and I have read and understand the responsibilities outlined above. I consent to the terms and conditions of volunteering, including the acknowledgement of risk.

Signature		Date	

Parent/Guardian Consent (if volunteer is under 18 years old)

Last Name		First Name	
Signature		Date	

Personal information collected by the Richmond School District will be managed in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions regarding the collection, use, disclosure or safeguarding of this information, please contact the principal.

OFFICE USE ONLY (Approval by principal or designate)			
This approval process occurs annually and is valid until June 30,		**.**	
Principal's or Designate's Last Name		**First Name**	
Principal's or Designate's Signature		**Date**	