

## Volunteer Coach/Expert Application Form

A volunteer who is 18 years of age or older, shall submit a Vulnerable Sector Check (VSC) to the Principal prior to volunteering and once again every four (4) years. A Vulnerable Sector Check shall be dated within 120 days of submission to the Principal. Volunteers with a VSC for which an official pardon has not been received, will not be accepted as a volunteer in

### Part A: General Information

School: \_\_\_\_\_ School Year: \_\_\_\_\_

Name: \_\_\_\_\_  
First Last

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

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

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

### Part B: Volunteer Classification

☐ Parent/Guardian

(If Parent/Guardian, Name of Child(ren): \_\_\_\_\_)

☐ Other

### Part C: Volunteer Coaching/Expert

Please provide relevant skills:

Please provide the names and phone numbers of two references (not relatives), as required

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### AUTHORIZATION

I authorize the HCDSB to obtain personal information from the above-noted people who are listed as references to assist in determining my suitability to be a volunteer with HCDSB.



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\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

### Part D: Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Other					

### Part E: Emergency Information

Please indicate any health conditions or intolerance to any medications (if applicable):

\_\_\_\_\_

### EMERGENCY CONTACT

In case of emergency, please notify:

Name of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Part F: Volunteer Agreement

#### The Volunteer agrees to:

- respect the confidentiality of all information that may be received regarding any students or staff while a volunteer
- notify the appropriate person at school as soon as possible when circumstances necessitate their absence (e.g., planned holidays, illness, etc.)

#### The School agrees to:

- show respect and appreciation by giving the volunteer a suitable assignment aligned with areas of interest and skills
- inform the volunteer in advance of all schedule changes (e.g., holidays, special events etc.)

\_\_\_\_\_  
Name of Volunteer Applicant

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

#### Notice of Collection

Personal information on this form is collected under the authority of sections 171(1)4, O. Reg 521/01, and of the Education Act and s. 2 of the Police Record Checks Reform Act, and in accordance with section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Information on this form will be used to administer HCDSB Volunteer programs. Questions about the use of the form should be directed to the school principal. Questions about the collection, use, or disclosure of personal information on the form should be directed to the Privacy Office at [privacy@hcdsb.org](mailto:privacy@hcdsb.org), or 905-632-6300.