

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

School:		School Year:	
Name:	First		
	First		
Phone:			
Doub Dr. Volumbook Cl			
Part B: Volunteer Cl Parent/Guardian			
(If Parent/Guardian, Name	e of Child(ren):		
Other			
Part C: Volunteer Co	G .		
Please provide the names	and phone numbers of two reference	es (not relatives), as required	
1. Name	Phone:	Relationship:	
		Relationship:	

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.

AUTHORIZATION



Volunteer Coach/Expert Application Form

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: a) respect the confidentiality of all information that may be received regarding any students or staff while a b) notify the appropriate person at school as soon as possible when circumstances necessitate their absent planned holidays, illness, etc.) The School agrees to: a) show respect and appreciation by giving the volunteer a suitable assignment aligned with areas of interest b) inform the volunteer in advance of all schedule changes (e.g., holidays, special events etc.)	Date			Signature of Volunteer Applicant				
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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, or 905-632-6300.