

Evergreen Academy Volunteer Application Form

Name: _____ E-mail: _____

Address: _____

Telephone: () _____ (home)

() _____ (business)

() _____ (cell)

Experience with children: _____

Driver's License: YES NO

Do you have a child currently registered in this school: YES NO

_____ (if yes, name of student)

Criminal Reference (if first application): I have included a copy of my criminal reference check including the vulnerable sector component

YES NO

Offence Declaration (if a criminal reference check has previously been provided): I have included a completed offence declaration:

YES NO

I have an interest in the following areas:

Monitoring school activities

Transporting teams or groups

Assisting within the classroom

Assisting with school excursions

Assisting within before/after school programs

Providing additional learning activities during quiet time

I have a special interest and/or expertise in:

Personal information on this form is collected under the authority of the Education Act and will be used for administrative purposes as determined in the Procedure for Volunteer Programs in Schools and will be retained only for the current school year. Questions about this collection of personal information should be directed to the principal at Evergreen Academy Inc.