

School Staff: PLEASE Complete

School: _____

Month/Year: _____

Volunteer Position: _____

Partnership Organization (i.e. MTS, U of M, WRHA):

- Parent
 Grandparent
 Community
 Coach
 WSD Employee
 WSD Student,
 18+ yrs old

VOLUNTEER SERVICES REGISTRATION FORM

1. Personal Information

Name: _____, _____
Last First

Home Address: _____

City: _____ Postal Code: _____

Telephone No.: _____ Cell No.: _____

E-mail: _____

Emergency Contact:

Name: _____ Telephone No.: _____

2. Experience

a. Employment (Most recent):

Duties and Responsibilities:

b. Volunteer (Most recent):

Duties and Responsibilities:

c. Education: High School Community College University

3. Language Skills

4. **Volunteer Interests** (i.e. Classroom, Special Events, Specific Class or Grade, etc.)

5. **Availability** (Please state the days and times you are available to volunteer.)

(OVER →)

6. References (Can be teachers, supervisors, co-workers or friends.)

Please provide mailing and/or email addresses

1 Name:	2 Name:
Address:	Address:
City/Province:	City/Province:
Postal Code:	Postal Code:
Email:	Email:

**ACCESSIBILITY FOR MANITOBANS ACT
(Mandatory)**

Accessibility for Manitobans Act (AMA) Training is mandatory for all WSD Volunteers. Training involves viewing the "Accessibility in Winnipeg School Division" video or reading the training document.

Please **check off** one of the following options:

- I have viewed the AMA Training video or read the training document at the school.
- Please send the AMA Training Video and online Declaration Form to my email address.
- Please mail a printed version of the AMA Training and Declaration Form. I will read the material and return the signed Declaration Form to the school or to Volunteer Services by fax @ 204-779-5633.

PLEDGE OF CONFIDENTIALITY

- As a volunteer in the Winnipeg School Division, I hereby pledge to observe confidentiality regarding my volunteer work in the school.
- I further acknowledge that I have been informed of the requirements regarding confidentiality.
- I acknowledge that I am bound by the policies and procedures established by the Winnipeg School Division and understand that breaching this policy may result in disciplinary action.

I hereby authorize Winnipeg School Division, Volunteer Services to check references in connection with my application for a volunteer position. I declare that the information given in my application form and any additional information provided in support of my application is true and complete to the best of my knowledge.

Date: _____ **Signature:** _____

Parent/Guardian Signature (if volunteer under 18 years of age): _____

Please Note: Volunteers must contact a Coordinator of Volunteers should a change of status occur in their Police Information Check or Child Abuse Registry Check at anytime during their placement. Failure to do so may result in their dismissal as a volunteer.