

Please Indicate: New Registration OR Renewal

For Volunteer Services: CAR PIC AMA RISC RISP



WINNIPEG SCHOOL DIVISION

Volunteer Application Form

School Staff: PLEASE Complete

School: _____

Month/Year: _____

Volunteer Position: _____

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

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

1. Personal Information

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Preferred Phone #: _____

E-mail: _____

Emergency Contact: _____ Phone #: _____

- Employed Full-time Employed Part-time Unemployed Retired Student

2. Volunteer Interests *(Please check all that apply)*

<input type="checkbox"/> Breakfast Program	<input type="checkbox"/> Hearing Screening	<input type="checkbox"/> Special Events
<input type="checkbox"/> Classroom Teacher/Room _____	<input type="checkbox"/> Hot Lunches	<input type="checkbox"/> "Take Home" Tasks
<input type="checkbox"/> Coaching	<input type="checkbox"/> Immunization Support	<input type="checkbox"/> Vision Clinic (if applicable)
<input type="checkbox"/> Driver for sports/field trips	<input type="checkbox"/> Library	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Family Room (if applicable)	<input type="checkbox"/> Parent Advisory Council	_____
<input type="checkbox"/> Field Trips	<input type="checkbox"/> Resource Support	_____
	<input type="checkbox"/> Snack Program (if applicable)	_____

3. Skills / Hobbies / Volunteer Experience

4. Availability *(Please check all that apply)*

<input type="checkbox"/> Before School, 7:00-9:00 am	<input type="checkbox"/> Mondays	<input type="checkbox"/> Specific Date(s) and/or Time(s): _____ _____ _____ _____
<input type="checkbox"/> Mornings, 9:00 am-12:00 pm	<input type="checkbox"/> Tuesdays	
<input type="checkbox"/> Lunch Hours, 12:00-1:00 pm	<input type="checkbox"/> Wednesdays	
<input type="checkbox"/> Afternoons, 1:00-3:30 pm	<input type="checkbox"/> Thursdays	
<input type="checkbox"/> After School, 3:30-5:30 pm	<input type="checkbox"/> Fridays	
<input type="checkbox"/> Evenings, after 5:00 pm	<input type="checkbox"/> Weekends Only	

(OVER)

5. Languages English French Other _____

6. References **(NEW VOLUNTEERS ONLY)**

1 Name:	2 Name:
Address:	Address:
City/Province:	City/Province:
Postal Code:	Postal Code:
Email: <i>(Required)</i>	Email: <i>(Required)</i>

MANDATORY TRAINING FOR VOLUNTEERS

1. Accessibility for Manitobans Act (AMA) training video
2. Respect in School online training program
3. Respect in Sport online training program - *** **For coaches only**

Please select one of the options below:

I have viewed the AMA video and completed the Respect in School and/or Respect in Sport program. ****Please attach Respect in School and/or Respect in Sport certificate(s).*

OR

Please send the required video and training program(s) to my email address provided.

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.