Please Indicate: 🛛 New Registrat	ion OR 🗆 Renewal	For Volunteer Services: CAR PIC AMA RISC
WINNIPEG SCHOOL DIVIS	ION	School: Month/Year: Volunteer Position:
<b>Olunteer</b> Appl	ication For	
Personal Information		□ Parent □ Grandparent □ Community □ Coa □ Driver □ WSD Employee □ WSD Student. □ 18+ vrs
Last Name:	Fi	rst Name:
Address:		
City:	Po	ostal Code:
Preferred Phone #:		
E-mail:		
mergency Contact: Phone #:		
□ Employed Full-time □ Em	ployed Part-time 🛛 🛛 🕁	nemployed
Volunteer Interests (Please ch		
□ Breakfast Program	Hearing Screening	
□ Classroom	□ Hot Lunches	□ "Take Home" Tasks
Teacher/Room	<ul> <li>Immunization Supplement</li> </ul>	port Dision Clinic (if applicable)
Teacher/Room		
Coaching	□ Library	□ Other:
		Other:

# 4. <u>Availability</u> (Please check all that apply)

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

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## 5. <u>Languages</u> □ English □ French

□ Other \_\_\_\_\_

## 6. <u>References</u> (NEW VOLUNTEERS ONLY)

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

## 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

 $\Box$  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.

This personal information is being collected under the authority of the Winnipeg School Division and will be used for the purposes of volunteer registration. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection Act. If you have any questions about the collection please contact either of the Coordinators of Volunteers: Carmen Court @ 204-474-1513 or Erin Herkimer @ 204-453-1748.