



## Edgemont School Volunteer Form 2023-2024

Please fill out ONE form per volunteer per year – Please print clearly

|                                                       |             |                      |
|-------------------------------------------------------|-------------|----------------------|
| Legal Name: First:                                    | Middle:     | Last:                |
| Also Known As Name:                                   |             | Relation to Student: |
| Home Phone:                                           | Cell Phone: |                      |
| E-mail:                                               |             |                      |
| Preferred Method of Contact (home phone/cell/e-mail): |             |                      |

### **SECURITY CLEARANCE**

A security clearance is required before a volunteer position is confirmed. If you are under 18 years of age, your parent or guardian must sign this form. NOTE: a completed security clearance is valid for 5 years. If you have not already completed a security clearance application, please come to the school office, fill out this additional form and submit it with two pieces of government identification.

Have you completed a security clearance application through the C.B.E.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which school? \_\_\_\_\_ Expiry Date: \_\_\_\_\_

If any classrooms needs a Parent Volunteer, would you be interested in helping? \_\_\_\_\_ Yes \_\_\_\_\_ No

|                                                                                        |
|----------------------------------------------------------------------------------------|
| 1 <sup>st</sup> Child's Name: _____                                                    |
| 1 <sup>st</sup> Child's Teacher: _____                                                 |
| 1 <sup>st</sup> Child's Room #: _____                                                  |
| 1 <sup>st</sup> Child's Grade: _____ <input type="checkbox"/> AM                       |
| _____ <input type="checkbox"/> PM                                                      |
| <input type="radio"/> Classroom Volunteer <input type="radio"/> Field Trips Assistance |

|                                                                                        |
|----------------------------------------------------------------------------------------|
| 2 <sup>nd</sup> Child's Name: _____                                                    |
| 2 <sup>nd</sup> Child's Teacher: _____                                                 |
| 2 <sup>nd</sup> Child's Room #: _____                                                  |
| 2 <sup>nd</sup> Child's Grade: _____ <input type="checkbox"/> AM                       |
| _____ <input type="checkbox"/> PM                                                      |
| <input type="radio"/> Classroom Volunteer <input type="radio"/> Field Trips Assistance |

|                                                                                        |
|----------------------------------------------------------------------------------------|
| 3 <sup>rd</sup> Child's Name: _____                                                    |
| 3 <sup>rd</sup> Child's Teacher: _____                                                 |
| 3 <sup>rd</sup> Child's Room #: _____                                                  |
| 3 <sup>rd</sup> Child's Grade: _____ <input type="checkbox"/> AM                       |
| _____ <input type="checkbox"/> PM                                                      |
| <input type="radio"/> Classroom Volunteer <input type="radio"/> Field Trips Assistance |

|                                                                                        |
|----------------------------------------------------------------------------------------|
| 4 <sup>th</sup> Child's Name: _____                                                    |
| 4 <sup>th</sup> Child's Teacher: _____                                                 |
| 4 <sup>th</sup> Child's Room #: _____                                                  |
| 4 <sup>th</sup> Child's Grade: _____ <input type="checkbox"/> AM                       |
| _____ <input type="checkbox"/> PM                                                      |
| <input type="radio"/> Classroom Volunteer <input type="radio"/> Field Trips Assistance |

### **Possible Opportunities of Volunteer (descriptions are available in the school office or online)**

Please check the boxes for the volunteer roles you would be interested in. You will be contacted through email/google classroom for volunteer opportunities that you have check off for.

- |                                             |                                           |                                                          |
|---------------------------------------------|-------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Book Fair          | <input type="checkbox"/> Performing Arts  | <input type="checkbox"/> Parent Council Committee/Chairs |
| <input type="checkbox"/> Picture Day        | <input type="checkbox"/> Grade 5 Farewell | <input type="checkbox"/> Secretary                       |
| <input type="checkbox"/> Pumpkinella        | <input type="checkbox"/> Reading Program  | <input type="checkbox"/> Community Liaison               |
| <input type="checkbox"/> Casino             | <input type="checkbox"/> T-Shirt Drive    | <input type="checkbox"/> Treasurer                       |
| <input type="checkbox"/> Family Dance       | <input type="checkbox"/> Sport Activities | <input type="checkbox"/> Staff Appreciation              |
| <input type="checkbox"/> Staff Appreciation | <input type="checkbox"/> Swimming         | <input type="checkbox"/> Translator: _____               |
| <input type="checkbox"/> Fun Lunch          | <input type="checkbox"/> Sport Day        | <input type="checkbox"/> Other Opportunities             |

Please turn over and complete other side.....



The Calgary Board of Education appreciates the services of all of its volunteers. In order to ensure the safety of students, all volunteers in our school need to be registered. We request that you complete this form to enable the school in which you volunteer to exercise control over who should or should not be involved with the children. The information on this form will be held in strict confidence.

**As a volunteer, we would like to advise you of the following conditions:**

1. That confidentiality is of the utmost importance in the school setting in order to ensure that the dignity and worth of students, parents, volunteers and school staff is honored.
2. That any information collected, used, generated, and stored by the Calgary Board of Education including student, instructional, financial, or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
3. That you may not disclose, communicate, publish, take, alter, copy, interfere with, or destroy any information unless you are specifically authorized to do so by the teacher or principal.
4. That you must notify the principal of any new criminal charges at the time the charge is made.
5. That the teaching and the administration staff are responsible for student learning and discipline.
6. That school administration, teaching, and support staff have specific roles to play and it is important that the staff of a school operate as a team.
7. That you as a volunteer can assist greatly in enhancing student learning by working positively and cooperatively with the school team.
8. That any failure to comply with these conditions or Calgary Board of Education policies may result in termination of your position as a volunteer.

**By signing this volunteer registration form, I am agreeing to the conditions outlined above.**

*By signing this form, you are authorizing other volunteers to contact you regarding volunteer opportunities at the school. You may already be receiving e-mails from the school. Due to the Freedom of Information Act and CBE policies, this separate permission form is required.*

*We may also include your e-mail on our School Council e-mail distribution list, where we will send information regarding upcoming events or school information. We will not use your e-mail for any other purposes nor will we distribute your information to any other person(s).*

**In compliance with Canada's Anti-Spam Legislation (CASL) effective July 1, 2014, if you consent to being added to the School Council e-mail distribution list, please add your e-mail address here:**

**E-MAIL:** \_\_\_\_\_

\_\_\_\_\_  
PLEASE PRINT FULL LEGAL NAME

\_\_\_\_\_  
ALSO KNOWN AS NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*The information on this form is collected under Alberta's Freedom of Information and Protection of Privacy Act to carry out our responsibilities under the School Act. If you have any questions about this form, please contact the school principal, Service Unit Director or Area Director.*



**Valid only for the current school year**

In order to ensure the security and safety of our staff and students, all volunteers in our schools **need to be registered**. This form must be completed annually. The information collected on this form will be held in strict confidence.

**A volunteer is:**

Someone who assists schools and/or students either in curricular or extra-curricular activities including volunteer drivers and students volunteering outside their school.

**Volunteers do not include:**

- guest speakers
- presenters
- visitors to the school
- parents assisting their own children in the school
- school council members in their position as school council members
- students volunteering in their own schools

You must be 13 years or older to register as a volunteer. CBE students are not required to apply to volunteer in their own school. Students wanting to volunteer in another school are required to apply to volunteer.

|                                                                                                                                  |                          |                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------|
| <b>Name of School or Department:</b>                                                                                             |                          | <b>School Year:</b>                                                                     |
| <b>Your Name: (Last Name, First Name)</b>                                                                                        |                          | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. |
| <b>If different from above, the name your Police Information Check (PIC) was registered under:</b>                               |                          | <b>Date of birth: (YYYY/MM/DD)</b>                                                      |
| <b>Mailing Address: (with Postal Code)</b>                                                                                       |                          |                                                                                         |
| <b>Daytime Phone:</b>                                                                                                            | <b>Evening Phone:</b>    | <b>Cell Phone:</b>                                                                      |
| <b>Do you have children or grandchildren registered in this school?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes |                          |                                                                                         |
| <b>If yes, please list by name and teacher or homeroom:</b>                                                                      |                          |                                                                                         |
| <b>Name of Student:</b>                                                                                                          | <b>Teacher/Homeroom:</b> |                                                                                         |
| _____                                                                                                                            | _____                    |                                                                                         |
| _____                                                                                                                            | _____                    |                                                                                         |
| _____                                                                                                                            | _____                    |                                                                                         |
| _____                                                                                                                            | _____                    |                                                                                         |
| <b>You may be asked to provide two references (Principal's discretion):</b>                                                      |                          |                                                                                         |
| <b>Name of Reference:</b>                                                                                                        | <b>Telephone Number:</b> |                                                                                         |
| _____                                                                                                                            | _____                    |                                                                                         |
| _____                                                                                                                            | _____                    |                                                                                         |

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