



ACCESSIBILITY:

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Name of Volunteer: _____ Phone: _____

Email Address: _____ Start Date: _____

School: _____ School Phone: _____

Directly Responsible to: _____ Class (or Location): _____

GENERAL

1. Duties and Responsibilities of Volunteer

2. Police Records Check

- Criminal Record Check: Required and completed Not required for the position
- Offence Declaration: Required and completed in Volunteer Application (Form APO001-02F)

3. Time Commitment

- | | | | |
|--------------|----------------------------------|------------------------------------|---------------------------------------|
| • Monday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Other: _____ |
| • Tuesday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Other: _____ |
| • Wednesday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Other: _____ |
| • Thursday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Other: _____ |
| • Friday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Other: _____ |

4. Absence Reporting Procedure

5. Volunteer Responsibility

The Volunteer agrees to:

- Respect the confidentiality of all information that may be received regarding any students or staff while acting as a volunteer.
- Abide by the Waterloo Catholic District School Board (WCDSB) policies and procedures.
- Notify the appropriate person at school, as soon as possible, when circumstances necessitate absence from duties.
- Act in accordance with the norms and expectations of the school as outlined during orientation and in the volunteer manual.



6. School Responsibility

The School agrees to:

- Provide both initial orientation and ongoing training and support for the Volunteer.
- Show respect and appreciation by giving the Volunteer suitable assignments in line with the Volunteer's area of interests and skills.
- Inform the Volunteer in advance of all scheduled changes (e.g. holidays, special events, etc.)
- Ensure that students treat the Volunteer with respect and cooperation.

CONFIRMATION

In confirm that:

I have read the following appendices:

- Liability Insurance Statement (APO002-GX: Appendix G)
- Confidentiality & Privacy Statement (APO002-HX: Appendix H)
- Abuse by a Student to a Volunteer Disclosure Statement (APO002-IX: Appendix I)
- Health & Safety Issues and Requirements Statement (APO002-JX: Appendix J)

I understand and agree with the contents of this Volunteer/School Agreement.

Name of Volunteer

Signature of Volunteer

Date

Name of Principal

Signature of Principal

Date

Disclaimer

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to administer WCDSB Volunteer Programs. Questions regarding the collection of this information should be directed to Freedom of Information Officer.

Completed by: Principal in review with Volunteer
Distribution: N/A
Retention: School Main Office (Current School Year)