

## Volunteer Information Form

Our students benefit from volunteer involvement in schools. Thank you for generously donating your time to AD Rundle. Please complete this form and return it to the school office as soon as possible. You must submit your completed Police Information Record Check Form to the RCMP detachment on Airport Road. Once you receive a clear check from the RCMP, you must submit your clearance form along with your full name and address to the School Board Office. Thank you!

### Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ph #: \_\_\_\_\_

Email: \_\_\_\_\_

Organization\*: \_\_\_\_\_

ADR Student(s)\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Sponsor\*: \_\_\_\_\_

\* If applicable

### Volunteer Details:

*We require volunteers in the following areas. Please indicate which position(s) you are volunteering for. Thank you!*

- Driver** - We must have a copy of your liability insurance on file before you may transport students in your vehicle.
- Fieldtrip Supervisor** - Occasionally, teachers will ask parents to supervise various fieldtrips.
- Fundraising** - Please contact Mrs. Molsberry or the school Principal/Vice-Principal for more information
- Lunch Time Support** - Please contact the school Principal/Vice-Principal for more information
- Parent Advisory Council** - Elections to the PAC Executive take place each May
- Reading Support** - Please contact the school Principal/Vice-Principal for more information
- Sport Game Referee** - Please contact Mr. Lightle for more information
- Sports Team Coach** - Please contact Mr. Lightle for more information
- Other** (please explain): \_\_\_\_\_

### Office Use Only:

Clear Police Information Check  Abstract & Insurance on File  Date: \_\_\_\_\_

## Volunteering At AD Rundle Middle School

We have a number of areas at our school in which parents, grandparents, family members and community partners might like to volunteer their time. Please fill out the form on the reverse side of this page and return it to the school office a.s.a.p. if you are interested in any of our volunteer opportunities.

Your interest in our students and our school is appreciated. We value your willingness to share your time and talents to increase opportunities for our students. We hope your volunteer service time is rewarding.

All ADR Volunteers are honoured at a Volunteer Tea each May. We hope to see you there!

### Student Safety & Security

We welcome volunteers at our school. However, the Chilliwack School Board is responsible for ensuring a safe and secure environment for all students.

Board Policy states:

*“the Chilliwack School Board requires all persons serving as volunteers in district schools and on school sponsored activities to submit to a District Criminal Records Search”.*

Our school requires a Police Information Check to be performed **every school year**. The forms and procedures associated with the search are available at the school office. While on duty, volunteers are required to sign-in at the school office and are expected to wear a school Volunteer Identification Tag.

Once you have received your clear Police Information Check, you must submit it – along with your full legal name and address – to the Chilliwack School District at 8430 Cessna Drive in Chilliwack, BC.

### Confidentiality

As a volunteer you are operating in a position of trust. You may become aware of information pertaining to individual students or staff that is of a privileged nature.

Any discussion of students or staff members should be kept between you and the staff member involved and should be motivated only for the good of that person.

If you have a concern, please direct your comments to the staff member, or Principal/Vice-Principal. Discipline is the responsibility of the school administration. The Board’s behavior policies outline expectations of students and staff.

**Remember to submit your clear Police Information Check Form to the School Board office. All volunteers must have a new Police Information Check performed each school year. Police Information Checks are free!**



# A. D. Rundle Middle School



Chilliwack  
School District

45660 Hocking Ave | Chilliwack, BC | V2P 1B3 | Ph#: 604.792.4257 | Fax#: 604.792.3457

Date: \_\_\_\_\_

To Whom It May Concern:

This letter is to confirm that \_\_\_\_\_ of \_\_\_\_\_  
*(Legal Name)* *(Address including PC)*

has offered to volunteer at AD Rundle Middle School.

\_\_\_\_\_ will be volunteering in classrooms, with teams and clubs, and/or assisting with field trips. The student's ages will vary from 5 years old to 18 years old, both male and female.

Yours truly,

Scott Wallace  
Principal

**DREAM IT! BELIEVE IT! DO IT!**



# Upper Fraser Valley Regional Detachment Chilliwack Community Police Office

## Police Information Check

Police Use Only	
Amount Paid:	
Volunteer:	
Receipt #	
Received by:	

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	Number:
Type of ID Produced:	Number:

<p><b>INSTRUCTIONS FOR COMPLETION</b></p> <p>(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT &amp; FEDERAL PRIVACY ACT)</p> <p><b><i>Please complete clearly in ink</i></b></p> <p>You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:          Any applicable fee (see website for costs and payment options).          One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth.          If you are unable to provide proper identification the police agency cannot complete your check.</p> <p><b>Your Police Information Check will review all available law enforcement systems, including any local police records.</b>  <b>This check will <u>NOT</u> include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences.</b></p> <p style="text-align: center;"><b>The results of this check will not be forwarded to a third party</b>          (with the exception of confirmed positive Vulnerable Sector responses).</p>
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**PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)**

LAST NAME	FIRST NAME	MIDDLE NAME(S)	
PREVIOUS NAMES (including name changes and birth/maiden name)			SEX (circle one) M      F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:		
ADDRESS (Apartment, street # and name)	CITY	PROV	POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)		

<b>PREVIOUS ADDRESS</b> (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)			*Check Completed (office use only)
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

**REASON FOR APPLICATION (check appropriate):**    Volunteer (attach letter)    - Employment    Other (specify below)

**Key Contact Name:** \_\_\_\_\_

**Volunteer Agency/Employer Name:** \_\_\_\_\_

**Volunteer Agency/Employer Address and Phone Number:** \_\_\_\_\_

**IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS:**    YES    NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant DOB
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**VULNERABLE SECTOR APPLICANTS:**

**FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED**

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

**Reason for Consent:**

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the paid or volunteer position (*what you will be doing*): \_\_\_\_\_

Provide details regarding the children or vulnerable person(s) (*what ages, type of client(s) you will be in authority over*):  
\_\_\_\_\_

**Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.**

_____ Signature of Applicant	_____ Date Signed
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**DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant**

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act*, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a “young person” (younger than eighteen years), pursuant to the *Youth Criminal Justice Act*.

Date of Conviction	Nature of Offence	Location/Jurisdiction

_____ Signature of Applicant	_____ Date signed
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Applicant Name	Applicant DOB
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**SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE**

I request and consent to the Chilliwack Community Police Office and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

**By my signature below, and for and in consideration of this Police Information Check being completed for me**, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the City of Chilliwack, The Royal Canadian Mounted Police and any employees thereof, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

\_\_\_\_\_

**Signature of Applicant**

\_\_\_\_\_

**Date Signed**

**\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\***

<u>QUERY TYPE</u>	<u>Queried by:</u>	<u>Negative</u>	<u>Attached</u>	<u>Date</u>
<b>CPIC</b>				
<b>PRIME</b>				
<b>Police Information Portal/PIP</b>				
<b>JUSTIN</b>				
<b>VS – FP REQ.</b>				

NOTES (office use only):

\_\_\_\_\_

\_\_\_\_\_





## STUDENT FIELD EXPERIENCE VOLUNTEER DRIVER AUTHORIZATION FORM

School: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Driver's Telephone Number: \_\_\_\_\_

Driver's Licence Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Vehicle Owner's Name: \_\_\_\_\_

Vehicle Owner's Telephone Number(s): (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Vehicle Licence Number: \_\_\_\_\_

Year, Make and Model of Vehicle: \_\_\_\_\_

Insurance Certificate Expiry Date: \_\_\_\_\_

Insured Limit (3rd party liability – **minimum of \$1 million**): \$ \_\_\_\_\_Driver Abstract/Driver Record Submitted:  yes  no*(To obtain a copy of your Driver Abstract, please call 1.800.950.1498 and have your driver's license number ready. )*Number of Seat Belts in Vehicle: \_\_\_\_\_ Booster Seats:  yes  no

I hereby affirm that to the best of my knowledge the vehicle identified above is in safe, roadworthy condition and my driver's licence is in good standing. I also affirm that I have never been convicted of impaired driving or any other criminal driving offence and acknowledge the requirement that all vehicle occupants must use seatbelts and booster seats as required. **I acknowledge that booster seats are mandatory for children over 18 kg (40 lb) until their 9<sup>th</sup> birthday, unless they have reached the height of 145 cm (4' 9"). I will not allow any child under the age of 12 to sit in the front seat of the vehicle if it is equipped with a passenger side airbag, unless it can be legally deactivated.**

\_\_\_\_\_  
Driver's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Principal's Signature\_\_\_\_\_  
Date