

FORM 240 -1 VOLUNTEERS IN SCHOOLS



Application to Volunteer in Schools

School Name: _____

Name of applicant: _____

Applying as:

Community member

or

Parent/guardian of student at school

Name(s) of student(s) at school _____

Phone number: _____

Address: _____

Availability for volunteering: _____

Activities interested in volunteering for: _____

Relevant skills, training, certification: _____

Signature of Applicant

Date

For Office Staff Use Only

Criminal Record Check Completed
(Attach completed CRC)

Date: _____

OR

Criminal Record Check Not required (provide reason): _____

Approved for volunteering: all activities or specific activities (see list on reverse)

