APF 240 -1 VOLUNTEERS IN SCHOOLS FORM

CARIBOO - CHILCOTIN SCHOOL DISTRICT

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** **Date:** _____
(Attach completed CRC)

OR
☐ **Criminal Record Check Not required (provide reason):** _____

_____

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

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ACTIVITY	DATE APPROVED	PRINCIPAL INITIAL	DATE REMOVED	PRINCIPAL INITIAL