



INTERNATIONAL LANGUAGES ELEMENTARY PROGRAM

(365) 383-2418 | ile@dsbn.org

VOLUNTEER INFORMATION FORM

The role of volunteering with the District School Board of Niagara (DSBN) generally involves interaction with students to varying degrees, and as well, places volunteers in a position of trust and confidence with regard to information they may receive. The DSBN's 'duty of care' for our students requires that we take reasonable steps to determine the suitability of prospective volunteers. We thank you for providing us with information in our screening process for volunteers.

Name: _____

Address: _____

Telephone #: _____ E-mail: _____

Emergency Contact Name: _____ Telephone: _____

Related Certification/Training: _____

Experience with Children or Teens: _____

Availability: _____

Name of Reference #1: _____

Employer/Relationship: _____

Position/Activity: _____

Telephone Number: _____

Name of Reference #2: _____

Employer/Relationship: _____

Position/Activity: _____

Telephone Number: _____



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I agree that, in accordance with the *Education Act*, and the *Municipal Freedom of Information and Protection of Privacy Act*, the services I will provide, and all information obtained in connection with volunteering with the District School Board of Niagara shall be considered confidential during and after any period of volunteer services.

I certify that the information provided on this form is accurate and complete. As soon as information on this form requires revision, I will provide it to the Program Coordinator.

Signature of Prospective Volunteer: _____

Date: _____

**** Please submit completed form to ILE@dsbn.org ****

Personal information on this form is collected, used and disclosed in accordance with the *Education Act*, R.S.O. 1990, c.E.2, as amended and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O 1990, c.M. 56, as amended and will be used for the purpose of administrating the School Volunteers Policy and any similar or related purpose(s). Questions about this collection, use and disclosure should be directed to the Freedom of Information Coordinator, District School Board of Niagara, 191 Carlton Street, St. Catharines, ON L2R

FOR OFFICE USE ONLY

Volunteer Information Form Accepted: Yes No

Police Vulnerable Sector Check: Yes No N/A

Signature of Program Coordinator _____ Date: _____