INTERNATIONAL LANGUAGES ELEMENTARY PROGRAM

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

VOLUNTEER APPLICATION FORM

The role of volunteering with the District School Board of Niagara (DSBN) generally involves interaction with students to varying degrees and 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 responsible steps to determine the suitability of prospective volunteers. We thank you for providing us with information in our screening process for volunteers.

ILE Language Program Applying For:
Applicant Name:
Email: Phone # :
Emergency Contact Name: Phone #:
Applying as: ☐ Student Volunteer • School Currently Attending: ☐ Community Member (please note that you will require a Vulnerable Sector Police Check (VSPC) as a condition of your volunteer placement. Applications for a VSPC require a letter from the agency they are applying to volunteer with to submit with their VSPC application.) Please provide the following information for the letter: • Full Legal Name: • Date of Birth:
Availability:
Reference: Name: Employer/Relationship: Position/Activity: Email: Phone #:

☐ 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.

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**A new Police Record Check must be completed every five (5) years. Each year prior to the required renewal, volunteers must complete an annual offence declaration.

**As per volunteer requirements, volunteers are never to be left alone in a supervisory capacity with students. Example: volunteers are not responsible to take students to the washroom or other areas; this must be done by a DSBN employee.

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 DSBN ILE Program Coordinator.
Signature:
Date:

Personal information on this form is being collected in accordance with the *Ministry Freedom of Information and Protection of Privacy Act for administrative purposes as determined in the School Volunteers Policy.* Questions regarding the collection and use of this information may be directed to the Freedom of Information Coordinator, District School Board of Niagara, 191 Carlton Street, St. Catharines, ON L2R 7P4

FOR OFFICE USE ONLY

Volunteer Application Accepted:	YES	NO	N/A
Date VSPC Applied For:			
Date VSPC Submitted to ILE Program:			
Volunteer Start Date:			