



Jackson  
Elementary School

Please contact:  
SBO receptionist at:  
**604-859-4891 Ext. 1201**  
To book an apt for the CRC

### Volunteer Information and Checklist

Date

Volunteer's Name

Community Group/University/School Name

Phone Number and Email

### Checklist

- a) \_\_\_\_\_ Criminal Record Check on school file  
\_\_\_\_\_ Criminal Record Check Expiry Date: \_\_\_\_\_
- b) \_\_\_\_\_ Completed SWAY training
- c) \_\_\_\_\_ Volunteer Form AP 416-1: Letter of Understanding
- d) \_\_\_\_\_ Volunteer Form AP 416-2: Volunteer Application Form
- e) \_\_\_\_\_ Admin. completed AP 416-3: Risk Factor Protocol
- f) \_\_\_\_\_ Volunteer Form AP416-4: Confidentiality Understanding,  
Parent Volunteers and Non-Employees



# Jackson Elementary School

## AP 416-1 Volunteer Letter of Understanding

### Adult Volunteers

Thank you for your time and commitment to helping us at the school. The children will greatly benefit from your efforts. Our school motto is: Be Safe, Be Peaceful, Be Respectful, Be Co-operative and Be Kind. We feel it is important for all adults working in our building to model these values for the children. You can help with this by following these guidelines.

- Remember that everything you hear or see regarding the students is confidential.
- If you cannot make your scheduled time, please let us know.
- Treat all members of our school community with respect.
- Please wear your name tag while on the school grounds and in the school.
- You are working under a staff member's direction. Consult with that staff member before initiating activities.
- Please inform the supervising teacher of any concerns regarding student behaviour.
- Please be assured that information given by you will be kept confidential.

As a volunteer in our school, you are in a position of trust and as such it is essential that privacy and confidentiality are maintained. Our children's safety is of prime concern to us. If children's safety or trust is compromised, we will find it necessary to ask you to relinquish your volunteer status. Your continued efforts and assistance are greatly appreciated. We look forward to working with you.

Thank you for your support.

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Staff

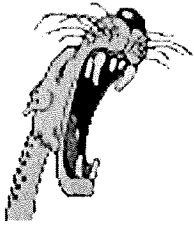
I have read and am willing to follow these guidelines. I agree to a reference check and/or Abbotsford Police Information Check should the principal of the school deem it necessary.

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Volunteer Signature

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Date



# Jackson Elementary School

## AP 416-2 Volunteer Application Form

School Year: \_\_\_\_\_ (must be completed each school year)

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

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

Phone: \_\_\_\_\_

I have a child in this school:  Yes - (name/s) \_\_\_\_\_  
 No

### Areas of Expertise and Interest:

- |   |   |
|---|---|
| <input type="checkbox"/> Tutoring (subject/s) _____ | <input type="checkbox"/> Fundraising    |
| <input type="checkbox"/> Driving                    | <input type="checkbox"/> Food Days      |
| <input type="checkbox"/> Field Trips                | <input type="checkbox"/> Library        |
| <input type="checkbox"/> Coaching (sports) _____    | <input type="checkbox"/> Classroom Help |
| <input type="checkbox"/> Special Events             | <input type="checkbox"/> Other: _____   |

Times Available: \_\_\_\_\_

- I agree to a reference check and/or Abbotsford Police Information Check (APIC), as the principal deems necessary.
- I have already had an APIC done at the following Abbotsford School District school as noted:
- I have never been refused permission to volunteer previously.

Applicant Signature: \_\_\_\_\_

### FOR OFFICE USE ONLY

- Level of Risk:  High  
 Medium  
 Low

- Approved  
 Not Approved (reason): \_\_\_\_\_

Principal's Signature: \_\_\_\_\_



Jackson  
Elementary School

## AP 416-4 Confidentiality Understanding Parent Volunteers and Non-Employees

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

A public body must protect personal information in its custody or under its control by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure, or disposal. Personal information is any information that is about an identifiable individual excluding their contact information.

All individuals with access to records, documents, or information (in whatever format, i.e., hard copy, verbal, electronic, etc.), which contain personal or confidential information, are responsible for maintaining the integrity and confidentiality of those records. A person who contravenes section 30.4 (unauthorized disclosure) of the Freedom of Information and Protection of Privacy Act, commits an offence.

Confidential records are created with an expectation that they will not be disclosed to anyone outside of the Abbotsford School District except those persons who require the records for a legitimate purpose. Confidential records include records containing information about student information, employee information, District information that are meant to be used internally and only disclosed in very limited purposes.

Individuals who have access to personal or confidential information:

1. Must acknowledge that they understand the obligation to protect the personal and confidential information of the district.
2. Must not release personal or confidential information to any person without the express consent of the school district.
3. Must **only** make use of personal or confidential information for the purpose for which it was disclosed to them.
4. May not make any copies of any records containing personal or confidential information and to return any records provided to them in the course of acting as a volunteer to the district.

Please sign the statement below.

*I have read and understand and will adhere to the above policy.*

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## VOLUNTEER - CONSENT TO A CRIMINAL RECORD CHECK COVER PAGE

**THIS FORM MUST BE SIGNED BY THE VOLUNTEER ORGANIZATION AUTHORIZED CONTACT AND  
SUBMITTED WITH THE VOLUNTEER CONSENT FORM**

### SECTION 1: FOR AUTHORIZED CONTACT USE

#### CONSENT TO A CRIMINAL RECORD CHECK - VOLUNTEER ORGANIZATION CHECKLIST

- The volunteer has provided my organization with the original, completed and signed consent form to submit to the Criminal Records Review Program (CRRP). **FORMS SUBMITTED BY APPLICANTS DIRECTLY TO THE CRRP WILL NOT BE PROCESSED.**
- My organization will submit a copy of the consent form to the CRRP and will retain the original consent form for 5 years.
- My organization will verify the volunteer's I.D. in person and ensure that the information provided on the consent form(s) is accurate.
- My organization has reviewed the "works with" category and has completed that portion of the form.

#### AUTHORIZED CONTACT SIGNATURE REQUIREMENT - ACCOUNTABILITY AND ACKNOWLEDGEMENTS

- I acknowledge the need for proper I.D. verification for the CRRP to conduct a complete risk assessment, and the critical importance of my organization diligently carrying its duties in this regard. Any false statements or deliberate omissions on a consent form filed with the CRRP may result in the inability of the CRRP to accurately determine whether the applicant poses a risk to children or vulnerable adults.

On behalf of the organization, I confirm that the volunteer's/applicant's primary and secondary I.D. have been verified.

AUTHORIZED CONTACT NAME: Laine Jones

SIGNATURE: \_\_\_\_\_

### SECTION 2: FOR VOLUNTEER USE

#### CONSENT TO A CRIMINAL RECORD CHECK - VOLUNTEER CHECKLIST

- I have completed the attached consent form truthfully, clearly and legibly, and signed and dated it.
- My volunteer organization has verified my I.D. in person to confirm my identity and ensure that the information on my consent form is accurate.
- My organization will retain the original consent form and will forward a copy to the CRRP on my behalf.
- I have read and understand the Consent for Release of Information and Acknowledgements (below) and information regarding the Freedom of Information and Protection of Privacy Act (FOIPPA) on Page 2.

#### CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS

##### PURSUANT TO THE BC CRIMINAL RECORDS REVIEW ACT:

- I hereby consent to a check of criminal charges and convictions to determine whether I have a conviction or outstanding charge for any relevant or specified offence(s) under the Criminal Records Review Act. I understand that providing my Driver's Licence number or BCID number pursuant to this criminal record check authorization will facilitate identification requirements; and, in accordance with Sections 32(b) and 33.1(1)(b) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), I hereby consent to the release of my Driver's Licence number or BCID number, name, date of birth and gender to the Insurance Corporation of British Columbia by the CRRP for ID verification purposes.
- I hereby consent to a check of all available law enforcement systems, including any local police records.
- I hereby consent to a Vulnerable Sector search to check if I have been convicted of and received a record suspension (formerly known as a pardon) for any sexual offences as per the *Criminal Records Act*. For more information on Vulnerable Sector searches, please visit the RCMP website: <http://www.rcmp-grc.gc.ca/en/faqs-about-vulnerable-sector-checks>
- I understand that as part of the Vulnerable Sector search, I may be required to submit fingerprints to confirm my identity.
- I hereby authorize the release to the Deputy Registrar any documents in the custody of the police, the courts, corrections, and crown counsel relating to any outstanding charges or convictions of any relevant or specified offence(s) as defined under the *Criminal Records Review Act* or any police investigations, charges, or convictions deemed relevant by the Deputy Registrar.
- Where the results of a check indicate that a criminal record or outstanding charge for a relevant or specified offence(s) may exist, I agree to provide my fingerprints to verify any such criminal record.
- My organization and I will be notified that I have an outstanding charge or conviction for a relevant of specified offence(s), and that the matter has been referred to the Deputy Registrar for review.
- The Deputy Registrar will determine whether or not I present a risk of physical or sexual abuse to children and/or physical, sexual, or financial abuse to vulnerable adults as applicable; the determination will include consideration of any relevant or specified offence(s) for which I have received a record suspension (formerly known as a pardon).
- If I am charged with or convicted of any relevant or specified offence(s) at any time subsequent to the criminal record check authorization herein, I further agree to report the charge(s) or conviction(s) to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal Record Check Form





**VOLUNTEER CONSENT TO A CRIMINAL RECORD CHECK**

**IMPORTANT: Please read information and instructions on Page 1. To avoid processing delays, ensure all relevant fields are complete and the form is dated and signed. Providing your Driver's Licence Number or BCID number may expedite the process.**

**Your organization must complete the 'WORKS WITH' category portion of the form.**

WORKS WITH (choose one):  children  vulnerable adults  children and vulnerable adults

**PART 1: APPLICANT INFORMATION**

Legal Surname / Last name:		Legal Given / First Name:		Legal Middle Name:	
Date of Birth: <u>    </u> / <u>    </u> / <u>    </u> <small>YYYY MM DD</small>		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Birthplace: _____	
Additional Names (Alias, Maiden Name, etc.):					
Surname / Last Name:		Given / First Name:		Middle Name:	
Mailing Address:		City:	Province:	Country:	Postal Code:
Residential Address (If different from above):		City:	Province:	Country:	Postal Code:
Contact Area Code & Phone No.			Driver's Licence or BCID #:		

**PART 2: VOLUNTEER ORGANIZATION INFORMATION**

**To be completed by Authorized Contact:**

Volunteer Organization Name: SCHOOL DISTRICT 34 ABBOTSFORD

Authorized Contact Name and Title \_\_\_\_\_

ID Number (Provided to the organization from the CRRP): 2670668

Mailing Address:	City:	Province:	Country:	Postal Code:

Office Area Code & Phone No: \_\_\_\_\_

**PART 3: POSITION WITH VOLUNTEER ORGANIZATION**

Volunteer's position/Job Title with volunteer organization: \_\_\_\_\_

**PART 4: CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGMENTS**

*I have read and understand the Consent for Release of Information and Acknowledgements on Page 1. I hereby consent to these terms as indicated by my signature below:*

\_\_\_\_\_

Applicant Signature Date Signed YYYY / MM / DD

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT:** The information requested on this form is collected under the authority of the *Criminal Records Review Act* section 4(1) and section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information provided will be used to fulfil the requirements of the *Criminal Records Review Act* for the release of criminal records information in accordance with the FOIPPA. If you have questions about the collection of your personal information, please contact the Policy Analyst, Criminal Records Review Program, PO Box 9217 Stn Prov Govt, Victoria, BC V8W 9J1 or by phone at 1-855-587-0185 (Option 2).

## CRIMINAL RECORD CHECKS

The Criminal Records Review Act ensures that people who work with or may have potential for unsupervised access to children or vulnerable adults undergo a criminal record check by the Criminal Records Review Program (CRRP).

**Q: Who needs a criminal record check in the Abbotsford School District?**

**A:** Any employee/contractor/volunteer who comes near or works around children and/or vulnerable adults must complete a criminal record check through the Criminal Records Review Program (CRRP), regardless of the time spent working near or around students, i.e., 1 hour or 1 month.

**Q: What is the difference between a Criminal Record Check (CRC) and a Police Information Check (PIC)?**

**A:** A Criminal Record Check is through the Ministry of Public Safety and Solicitor General in Victoria, BC, and includes a vulnerable sector (children and vulnerable adults) search and focuses on criminal files associated with sexual offences. The Ministry of Public Safety and Solicitor General determines if an employee/volunteer has clearance to work for our School District.

A Police Information Check is through a local RCMP/Police Detachment office and focuses on offences and conviction information. **WE DO NOT ACCEPT THESE.**

**Q: How long does a Criminal Record Check clearance last?**

**A:** A CRC is renewed every 5 years.

*\*If a volunteer or employee is charged or convicted of an offence within the 5-year period, they are required to report those changes and/or convictions immediately to their supervisor. You would then need to complete a new criminal record check consent form.*

**Q: How much does a Criminal Record Check cost?**

**A:** A volunteer CRC is free of charge. When an employee is first hired by the district, the cost of the first CRC will be deducted from the employee's first pay cheque. All subsequent CRC's will be paid for by the district.

**Q: Do volunteers need to get a CRC done for every different school or department they work in?**

**A:** No, once a CRC is done and there is clearance, the volunteer can work with children and vulnerable adults in any school/department within the Abbotsford School District.

**Q: What if I have a Criminal Record Check from another organization?**

**A:** If the organization that you have an existing criminal record check with is apart of the Criminal Record Review Program, we can give you a *Sharing Consent Package*. This form will give us permission to request a copy of the existing CRC you have on file with the CRRP. To be eligible to use the sharing program, your CRC must have been completed within the last 5 years and it has been screened with the “works with children and vulnerable adults” category. For all the details on the CRRP’s sharing program, please see link below.

<https://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check/sharing-results>

**The Criminal Record Check Process**

1.) To obtain a CRC you will need go to the Abbotsford School District Office during operating hours. NO NEED TO CALL OR BOOK AN APPOINTMENT.

**\*\*important: Please bring 2 pieces of valid ID. \*\*** (See below for a list of approved primary and secondary identification.)

We are located at:

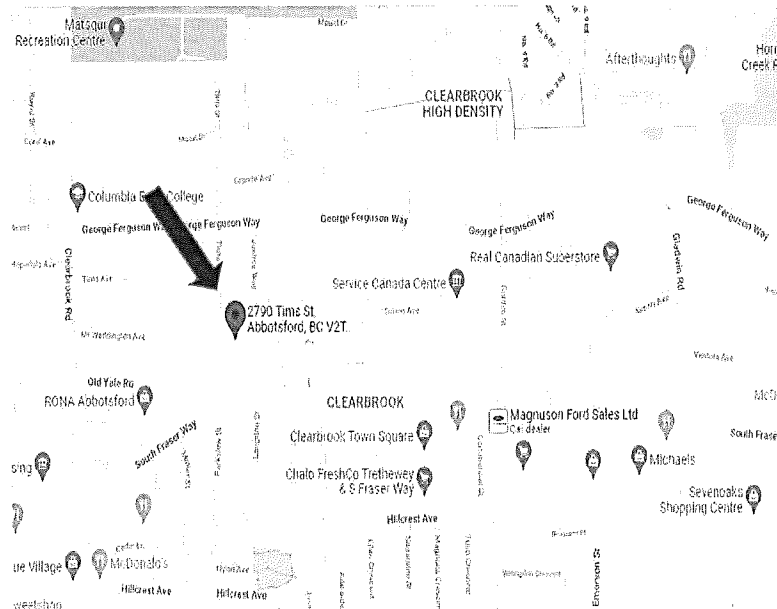
2790 Tims st.  
Abbotsford, BC V2T 4M7  
Phone: (604)859-4891  
Fax: (604)852-8587

Regular Hours of Operation:

Monday to Friday (excluding holidays) 8:00am - 4:00pm

Summer/Winter Break/  
Spring Break Hours of  
Operation:

Monday to Friday (excluding holidays) 8:00am – 3:30pm





2.) Once the form is complete, the Abbotsford School District's authorized contact submits the form to the Criminal Records Review Program for processing.

**Volunteers:** You will then be entered into our district's Volunteer CRC spreadsheet as "PENDING". (Meaning you have handed in your paperwork and provided ID for processing)

**Q: How long does it take to process and receive a clearance?**

**A:** Employee and Volunteer CRC's take approximately 4-6 weeks to process. CRCs requested using the *Sharing Consent Package* have a processing time of 10 business days. *\*Volunteers: Due to the high volume of CRC's, it is recommended that you come in at least 6 weeks prior to the date you are expected to volunteer.*

**Q: Will I need to provide my fingerprints?**

**A:** The CRRP conducts a check on every employee and volunteer processed through the program; however, only those who share a similar combination of name, gender, or date of birth as a record suspended sex offender are requested to provide fingerprints. If the individual is flagged for fingerprinting, the CRRP issues a Fingerprint Request Letter directly to the applicant. The applicant's organization is not notified of the fingerprint request.

The Fingerprint Request Letter directs the applicant to attend their local police or RCMP detachment to complete the fingerprint requirement. Note: Police and RCMP detachments have varying requirements for completing and submitting fingerprints. If an applicant has indicated that they require fingerprinting for a criminal record check, please have them contact their local police or RCMP detachment prior to attending.

3.) The district's authorized contact receives the CRC results back from the CRRP.

**Q: How will I be notified when my criminal record check has cleared?**

**A: Volunteers:** You will then be entered into our district's Volunteer CRC spreadsheet as "CLEARED". (Meaning we have received a children and vulnerable adult clearance from the CRRP, and you are now able to volunteer in the Abbotsford School District's schools.) You can call the school you are hoping to volunteer at after 6 weeks to find out if you have clearance.

**Employees:** Your clearance will be entered into our employee database.

**Q: Can I get a copy of my criminal record check?**

**A:** As per the Criminal Records Review Program we cannot hand out copies of the criminal record checks. If another organization that is apart of the CRRP is requesting a copy of your CRC, you can ask them to provide you a *Sharing Consent Package*. The CRRP will provide a copy directly to that organization's authorized contact at no charge. **Please note:** This does not include Police Information Checks; that is a separate program.

\*Please see link below for all the details on the CRRP's sharing program.

<https://www2.gov.bc.ca/gov/content/safety/crime-prevention/criminal-record-check/sharing-results>

## List of Approved Identification

### Primary Identification

- B.C. Driver's License or learner's license (must have your photo)
- BCID
- BC Services Card (must have photo)
- Canadian birth certificate
- Passport
- Canadian Citizenship Card
- Permanent Resident Card
- Canadian Record of Landing/Canadian Immigration Identification Record

### Secondary Identification

- School ID card (student card)
- Bank card (only if applicant's name is on the card)
- Credit card (only if applicant's name is on the card)
- Foreign birth certificate (a baptismal certificate is not acceptable)
- Canadian or U.S. driver's license
- Naturalization certificate
- Canadian Forces identification
- Police identification
- Foreign Affairs Canada or consular identification
- Vehicle registration (only if applicant's signature is shown)
- Picture employee ID card
- Canadian Firearms License (PAL)
- Social Insurance Card (new style without signature strip not acceptable)
- BC Care Card
- BC Services Card (with or without photo)
- Secure Certificate of Indian Status