**Volunteer Criminal Record Check procedure:**

Please email [criminal.check@abbyschools.ca](mailto:criminal.check@abbyschools.ca) with your full name, request as volunteer and state if you have or do not have a BC Services Account.

If you have a BC Services Account, they will send you a link to complete your application.

If you do not have a BC Services Account you will be asked to come to the school district office,

2790 Tims St. with two pieces of ID

Questions please contact: 604-859-4891

A yellow and black caterpillar

Description automatically generated with low confidence

Jackson

Elementary School

# Volunteer Information and Checklist

Date

Volunteer's Name

Community Group/University/School Name Phone Number and Email

**Checklist**

1. \_\_\_\_\_ Criminal Record Check on school file
2. \_\_\_\_\_ Criminal Record Check Expiry Date: \_\_\_\_\_
3. \_\_\_\_\_ Volunteer Form AP 416-1: Letter of Understanding
4. \_\_\_\_\_ Volunteer Form AP 416-2: Volunteer Application Form
5. \_\_\_\_\_ Admin. completed AP 416-3: Risk Factor Protocol
6. \_\_\_\_\_ Volunteer Form AP416-4: Confidentiality Understanding, Parent Volunteers and Non-Employees



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: o Yes - (name/s)

o No

Areas of Expertise and Interest:

o Tutoring (subject/s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o Fundraising

o Driving o Food Days

o Field Trips o Library

o Coaching (sports) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o Classroom Help

o Special Events o Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**o** I agree to a reference check and/or Abbotsford Police Information Check (APIC}, as the principal deems necessary.

o I have already had an APIC done at the following Abbotsford School District school as noted:

o I have never been refused permission to volunteer previously.

Applicant Signature:

**FOR OFFICE USE ONLY**

Level of Risk: **o High**

**o Medium**

**o Low**

**o Approved**

**o Not Approved (reason): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Jackson

Elementary School

**AP 416-3 Risk Factor Protocol**

|  |  |
| --- | --- |
| **Levels of Volunteerism:** | **Screening Process:** |
|  |  |
| **Low Risk**  - always under the direction/observation of school based staff (eg: reading with children in the classroom; working in school office or teachers' workroom)  - P.A.C. related activities (eg: fund raisers, social nights, hot dog days)  - | **Low Risk**   * completion of volunteer application form including signature on letter of understanding * option of Abbotsford Police Information Check   (APIC)   * publication of volunteer list |
| **Medium Risk**   * usually under the direction/observation of school based staff * easily observed while working with student   (eg: assisting in computer lab; working in a seminar room with one or more students; field trips, transporting a group of students | **Medium Risk**   * completion of volunteer application form including signature on letter of understanding * option of reference check * option of APIC * publication of volunteer list * option of orientation meeting |
| **High Risk**  -direct responsibility for students (eg: coaches, drivers (for field trips), etc.)  - likely to be alone with students (eg: overnight field trips, coaching, transporting single student other than own child | **High Risk**   * completion of volunteer application form including signature on letter of understanding   check references, interview applicant, and conduct period checks with volunteer and school staff   * APIC must be completed * publication of volunteer list * orientation meeting required |

A close-up of a caterpillar

Description automatically generatedJackson

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.

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.

Volunteer Signature

Date



## 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 |  |