

VOLUNTEER REGISTRATION

Name:

Telephone:

Address:

Postal Code:

Mailing Address:

(If different from above)

WORK/VOLUNTEER EXPERIENCE:

BACKGROUND: (special skills, interests, languages spoken...)

TIME AVAILABLE:

Weekly

OR

On-Call

Please circle **Days** Available:

Monday

Tuesday

Wednesday

Thursday

Friday

Please circle **Times** Available:

Morning

OR

Afternoon

OR

Both

REFERENCES: (Not relatives)

Name

Address

Telephone

1.

2.

VOLUNTEER REGISTRATION

PERSON TO NOTIFY IN EMERGENCY:

Telephone:

The school should be aware of special health conditions you may have which might affect the progress or welfare of the student. If applicable, specify information below, with comments or recommendations.

I HEREBY AGREE TO:

- **Allow the school principal or designate to contact references as supplied.**
- **Respect the confidentiality of all information that I may receive regarding any pupils or staff while I volunteer.**
- **Make a commitment to the time agreed upon.**

Signature

Date

VOLUNTEER REGISTRATION

INTERVIEWERS' COMMENTS

VOLUNTEER PLACEMENT:

School:

Date:

Staff Contact:

Days/Times:

JOB DESCRIPTION: