



Volunteer Registration Form

Greater St. Albert Catholic Schools

Name of school or department: _____

Name: _____

Mailing Address: _____

Do you have children registered in this school? Yes _____ No _____

If yes, please indicate their name(s) and Grade(s)

(Name) (Grade)

(Name) (Grade)

If not, please provide at least two references.

I, _____ acknowledge that I am a volunteer and that I will provide volunteer services to the best of my capability to Greater St. Albert Roman Catholic Separate School District No. 734. I agree that in the fulfillment of my role as a volunteer on behalf of the Greater St. Albert Roman Catholic Separate School District No. 734, I shall keep confidential all information of which I am aware, and information which I acquire, in the course and scope of fulfilling my duties, or working with students and staff as a volunteer. I shall not use, release, publish, or disclose any information acquired as a result of my participation in school-related activities, not through the completion of duties assigned, as a volunteer, regardless of the form in which the information is acquired, except as may be necessary in order to complete the duties I have agreed as a volunteer.

I acknowledge that Greater St. Albert Roman Catholic Separate School District No. 734 and its employees and contractors are bound by the Freedom of Information and

Protection of Privacy Act. I understand that this act applies to all records within the custody and control of Greater St. Albert Roman Catholic Separate School District No. 734 and that a record is defined as a record of information in any form and includes books, documents, maps, drawings, photographed, recorded or stored in any manner.

I further acknowledge that personal information which is protected under the privacy of the provisions of the Freedom of Information and Protection of Privacy Act includes any recorded information about identifiable individuals, such as students or employees.

I will also abide by the requirements of the school as is to be outlined by the principal and/or teacher for the school that I provide volunteer services.

By signing this form I agree to the conditions outlined above.

Volunteer (print name)

Signature of Volunteer

Date

(Please return this form to the School Principal and/or supervisor)

The information on this form is collected under Alberta's Freedom of Information and Protection of Privacy Act to carry out our responsibilities under the School Act. If you have any questions about this form, please contact the school principal or the district office.

Office Use

Application Approved: YES / NO

Date:

Principal's Name: _____

Principal's signature: _____

Comments: _____