

AP 416-1 Letter of Understanding (Volunteers)

McMillan Elementary 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 <insert here>. 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.

Principal Signature

I have read and am willing to follow these guidelines. I agree to a Criminal Record Check.

Volunteer Signature

Date

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:

☐ Tutoring (subject/s) _____

☐ Fundraising

☐ Driving

☐ Food Days

☐ Field Trips

☐ Library

☐ Coaching - (sports) _____

☐ Office Help

☐ Special Events

☐ Classroom Help

☐ Other: _____

Times available: _____

☐ I agree to a Criminal Record Check

☐ I have already completed a Criminal Record Check for the Abbotsford School District

☐ I have never been convicted of an offense involving children/violence/illegal substances.

☐ I have never been refused permission to volunteer previously.

Applicant Signature: _____

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For Office Use Only

☐ Approved

☐ Not Approved - (reason): _____

Principal's Signature: _____

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