

VOLUNTEER CODE OF CONDUCT

As a volunteer in School District No. 57, I understand that:

- I will be supervised by a school district employee and must follow that person's directions.
- I must adhere to the policies of the district and the rules of the school in which I am volunteering.
- I must treat staff, parents and students with politeness and respect.
- I must deal judiciously with students and defer to the teacher's authority in all matters relating to the classroom.
- If I am uncertain about my role or any other matter, I will seek advice from the teacher with whom I am working or the principal, as appropriate.

VOLUNTEER CONFIDENTIALITY AGREEMENT

Students, staff and others working in the school have a right to expect that information about them will be kept strictly confidential by volunteers.

Therefore:

- I will not communicate anything I learn about any student or anything that I observe in the course of my volunteering to anyone other than appropriate school district employees.
- I will not share information about students, even with others who may be genuinely interested in a student's welfare, such as social workers, recreational leaders, family, friends, physicians, etc. except when legally required to do so.
- I will keep anything I learn about school district employees or other volunteers strictly confidential.
- If I am asked for information concerning a student or staff members, I will refer the request to the teacher or principal, as appropriate.
- If I am in doubt about whether I may divulge information concerning a student or staff member, I will consult with the school principal before doing so.

DECLARATION

- I have read and agree to comply with the Volunteer Code of Conduct and the Volunteer Confidentiality Agreement (attached).

SIGNATURE: _____

DATE: _____

Approved: 2008.09.23



VOLUNTEER APPLICATION FORM

SCHOOL NAME: _____ DATE: _____

VOLUNTEER

NAME: _____
Surname *Given names*

ADDRESS: _____
Street *City* *Postal Code*

TELEPHONE NUMBERS: _____
Home *Work*

EMERGENCY CONTACT: _____
Name *Phone*

MEDICAL NUMBER: _____

AREAS OF INTEREST: _____

TIME(S) AVAILABLE: _____

REFERENCES

1. _____
Name *Phone number* *Relationship*

2. _____
Name *Phone number* *Relationship*

CRIMINAL RECORD CHECK

- I am willing to submit to a criminal record check at no financial cost to myself.

SIGNATURE: _____ DATE: _____

APPROVAL: _____ DATE: _____
Signature of Administrator

Approved: 2002.10.29

