

Thank you for Volunteering at J.J Nearing Elementary School!

### Volunteer Checklist

You are required to submit the following documents to J.J. Nearing school in order to be a volunteer off school grounds. Please read all the attached sheets for full details and addresses.

- Criminal Record Check (from RCMP or your local police department). You will need to provide 2 pieces of government ID, one must have a photo.
- Intervention Record Checks are now done online, [cs.ircedmonton@gov.ab.ca](mailto:cs.ircedmonton@gov.ab.ca) and they will send you the link to the online form. You will need to provide 2 pieces of ID. Any question please call Child & Family Services 780-460-4970
- Classroom Volunteer Registration Form

GSACRD policy states that **volunteer documents are valid for one year from the date of issue.**





Greater St. Albert  
Catholic Schools

## DECLARATION FORM FOR VOLUNTEERS

Do you possess a record of criminal conviction? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the nature of the conviction? Please state when and where you were convicted?

---

---

---

Do you possess a Child Welfare record in Alberta? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(please indicate if you might have caused a child to need protection)*

If yes, what was the nature of the complaint? Please state when and where the situation occurred that caused a child to need protection.

---

---

---

I understand that a false declaration or willful omission may result in a cancellation of my ability to volunteer with Greater St. Albert Catholic Schools.

I also understand that should any of the above requested information change after making this declaration, I must immediately inform the principal of the school of any change.

Please sign and date below.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature



## VOLUNTEER CONFIDENTIALITY UNDERTAKING

Greater St. Albert  
Catholic Schools

I acknowledge that I am a volunteer and that I will provide volunteer services to the best of my capability Greater St. Albert Catholic Schools.

I agree that in the fulfillment of my role as a volunteer on behalf of the Greater St. Albert Catholic Schools, 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 to accept as a volunteer.

I acknowledge that Greater St. Albert Catholic Schools 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 Catholic Schools and that a record is defined as a record of information in any form and includes books, documents, maps, drawings, photographs, letters, vouchers, and papers and any other information that is written, photographed, recorded or stored in any manner.

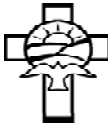
I further acknowledge that personal information which is protected under the privacy of the provisions of the Freedom of Information and Protection of Privacy Act includes any recorded information about identifiable individuals, such as students or employees.

\_\_\_\_\_  
Volunteer Name (Please print)

\_\_\_\_\_  
Volunteer Signature

Date: \_\_\_\_\_

***Please return this completed form to the School Principal and / or Supervisor.***



## 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:** \_\_\_\_\_  
\_\_\_\_\_



J.J. Nearing Catholic Elementary School

Echo The Spirit!

196 Deer Ridge Drive  
St. Albert, AB T8N 6T6

Ph: 780-418-6330  
Fax: 780-419-6683

[www.jjn.gsacrd.ab.ca](http://www.jjn.gsacrd.ab.ca)

### **CRIMINAL RECORD CHECK**

\_\_\_\_\_ is applying for a volunteer position with J.J. Nearing Catholic Elementary School of St. Albert Roman Catholic Separate School Division No. 734. Please provide a **CRIMINAL RECORD CHECK** for this person, which will be provided to this school and kept in confidence.

Greater St. Albert Catholic Schools values the work of volunteers in our schools and also wishes to ensure the safety of our students, in part, through this process of a Criminal Record Check.

Thank you for your assistance. Should you have any questions, please do not hesitate to contact me at 780-418-6330.

Mrs. Moser  
Principal