



HURON-PERTH CATHOLIC

District School Board

School Volunteer Request Form

Note: Prospective volunteers are subject to the suitability evaluation practices as detailed in Board policy 3A:19 Employment/Volunteer Suitability Evaluation Practices.

Name of School:

Volunteer Information:

Name:		Home Address:	
Home/Cell Phone:		Teacher(s) Assisting:	Grade(s)
Work/Business Phone:			

Please check all volunteer roles that apply:

<input type="checkbox"/>	Field Trips	<input type="checkbox"/>	Small Reading Groups	<input type="checkbox"/>	Classroom Support
<input type="checkbox"/>	Catholic School Advisory Council (CSAC)	<input type="checkbox"/>	Ontario Student Nutrition Program	<input type="checkbox"/>	Hot Lunches
<input type="checkbox"/>	Other (please specify):				

Number of days the Volunteer will be in the school:

Dates and times when the Volunteer will be in the school:

Date(s):	Time(s):

Volunteer Declaration:

<input type="checkbox"/>	I have read policy 3D:17 Concussion Management and understand my role as a Volunteer in accordance with Concussion Management - A Protocol for Schools with the Huron-Perth Catholic District School Board.
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Volunteer Signature:

Date:

Principal of School:

<input type="checkbox"/>	I endorse the above-mentioned Volunteer and I have discussed policy 3D:17 Concussion Management with them.
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Principal's Signature:

Date:

Human Resources:

<input type="checkbox"/>	Vulnerable Sector Check received.
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Human Resources Signature:	Date:
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Superintendent of Education:

<input type="checkbox"/>	Permission is granted to the volunteer.
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<input type="checkbox"/>	Permission is not granted to the volunteer.
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Comments:

Superintendent's Signature:	Date:
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Note - Please store this completed School Volunteer Request Form electronically and as a hardcopy in the school office.

Revised: February 17, 2022

