

**Thank you for offering to volunteer in our schools!** Please complete this form. Check all boxes that apply and print clearly.

## 1. Applicant Information

Name of Applicant	_____	Home Phone	_____
Address	_____	Business/Cell Phone	_____
City	_____	Postal Code	_____
Email (optional)	_____	Emergency Contact (Name/Phone)	_____

### Previous Volunteer Experience with HWDSB or another school board:

Yes  No

Organization	Role	Dates	Reason for leaving
_____	_____	_____	_____

## 2. Languages

	English	French	Other (specify)
Spoken			_____
Written			_____

### 3. Skills & Interests

**Academics:**

- English    Math    Science    Geography
- History    Languages    Writing

**Arts:**

- Arts    Music    Dance    Drama
- Handicrafts

**Technology & Office:**

- Computers    Keyboarding    Office    Trade
- Business

**Health & Athletics:**

- Health    Athletics    Sports/Coach

**Library:**

- Library

### 4. Program / Activity Areas (check all that apply)

- Classroom    Literacy    Special Education    Tutoring
- Mentoring    Clubs/Fairs    Sports/Coach    Trips/Events
- ESL    Enrichment    Computers    Library
- Fundraising    Languages    Other (specify)  
\_\_\_\_\_

## 5. Grade Level Preferred

JK/SK  1–3  4–6  7–8  Secondary  N/A

## 6. Availability (check days and times)

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 7. Screening & Consents

**Reference Checks Completed:**  Yes  No

**Police Vulnerable Sector Screening (if required):** Are you willing to provide this document?  Yes  No

**Allegations Regarding Safety/Conduct:** Are you currently facing, or have you ever faced, allegations of sexual abuse or harassment?  Yes  No

### References (if required)

Name of Reference	Employer/Relationship	Position/Activity	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____

## 8. Acknowledgement & Confidentiality

By signing below, I acknowledge and agree that:

- The Principal/Designate may contact the references I have provided to obtain information regarding my suitability for volunteer activities.
- I will keep confidential any information about students and/or staff that I may encounter while volunteering.
- Hamilton-Wentworth District School Board (HWDSB) does not provide accident insurance or WSIB coverage to volunteers.
- I have read and understand the above statements and certify that the information provided is accurate and complete.

Applicant's Signature:

\_\_\_\_\_

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

Interviewed by:

\_\_\_\_\_

*Personal information on this form is collected under the authority of the Education Act and will be used for administrative purposes as determined in the Volunteer Policy of HWDSB.*

**Thank you for volunteering to support the students in our system!**