



## Palliser School Division VOLUNTEER CONSENT AND ACKNOWLEDGEMENT FORM

### VOLUNTEER INFORMATION

Volunteer Name: \_\_\_\_\_ School: \_\_\_\_\_

Check either 1. or 2.

☐ 1. I will be given the opportunity to participate in the following program or activity (*please specify program*):

a. Name of the Service Provider (*if applicable*): \_\_\_\_\_

b. Location: \_\_\_\_\_

c. Date: \_\_\_\_\_

d. Teacher/Coach/Leader in Charge: \_\_\_\_\_

☐ 2. I will be given the opportunity to participate in the following series of off-site activities\* for the following program (*please specify program*):

\_\_\_\_\_  
\_\_\_\_\_

\*Attach a list of activities, dates, locations, service providers and name of teacher/coach/leader in charge.

### EXPECTATIONS FOR VOLUNTEERS

Volunteers are part of the supervision of off-site activities and are expected to:

- Review and comply with the requirement of [Administrative Procedure 470 - Volunteers](#)
- Have qualifications appropriate for the off-site activity
- Know the details of the off-site activity and their specific duties and authority prior to departure
- Exhibit positive behaviour, participate as a school team member and be an acceptable role model
- Support and follow the school code of conduct
- Report any inappropriate conduct to the teacher/coach/leader in charge
- Adhere to the schedule or itinerary
- Dress appropriately for the off-site activity
- Fulfill their duties as supervisors for the duration of the off-site activity, including evenings and weekends
- Notify the principal of any new criminal charges at the time the charge is made, subsequent to #2 above
- Maintain confidentiality to ensure that the dignity and worth of students, parents, volunteers and school staff is honoured
- Ensure that any information collected, used, generated and stored by Palliser School Division including student, instructional, financial, or administrative information is strictly confidential and not used beyond volunteer duties.

## CONSENT AND ACKNOWLEDGEMENT OF RISK

Potential hazards and risks of the off-site activity may include but are not limited to financial loss, illness, injury or death. I acknowledge the existence of known risks and potential unknown risks and I voluntarily assume the risks which may include but are not limited to:

- ☐ I am satisfied that I have been informed of my right to obtain as much information about this program or activity as I feel necessary, including information beyond that provided to me by the School or Board to the extent that I require and am not, in any way relying solely upon information provided by Palliser School Division respecting the nature and extent of the risks and hazards associated with the program or activity.
- ☐ I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge that I, as a volunteer, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
- ☐ If required, I will participate in any preparatory sessions associated with this activity or program.
- ☐ I acknowledge that it is my responsibility to advise the Palliser School Division of any medical or health concerns which may affect my participation in that stated program or activity.
- ☐ I consent that Palliser School Division, through its employees, agents and officers at the school may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for my health and safety and that I shall be financially responsible for such advice and services.
- ☐ I acknowledge and have been advised that the Principal (or designate) is the supervisor for volunteers.
- ☐ I acknowledge that I have been advised that the Board's liability insurance covers all approved volunteers.
- ☐ I acknowledge that I have been advised that confidentiality is of utmost importance and that I have read and signed the [Volunteer Confidentiality Form](#).

By signing this volunteer registration form, I am agreeing to the conditions outlined above.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date (M/D/Y): \_\_\_\_\_

Parent/Guardian signature [if the volunteer is under 18 years of age]:

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date (M/D/Y): \_\_\_\_\_

## PRINCIPAL APPROVAL

Principal Signature: \_\_\_\_\_ Date (M/D/Y): \_\_\_\_\_

*The personal information contained on this form is collected under the authority of the Education Act, the Education Administration and the Freedom of Information and Protection of Privacy Act for the purpose of serving as a volunteer supervisor/coach of the division. If you have any questions about this form, please contact your school principal.*