



300A VOLUNTEER INFORMATION FORM

General Data (REQUIRED)

Name: _____ Date: _____

Address: _____

Home Tel: _____ Business Tel: _____

Cell: _____ Email: _____

Emergency Contact

Name: _____

Home Tel: _____ Business Tel: _____

Have you previously volunteered or worked with the NLESB or another school district? Yes No

If yes, what was the nature of the activity and the dates?

I am applying to volunteer as follows: (e.g. breakfast program, class field trips, coach etc.)

OR

I would like to discuss possible volunteer opportunities. [Please provide any additional information with respect to the volunteer work/activity that you would like to be considered for]:

Reference Checks:

All volunteers must complete a Criminal Offence Declaration. Depending on the degree of supervision in the volunteer position for which you have applied/will be considered for, you may also be required to provide a **Criminal Reference Check** with Vulnerable Sector Check (completed by the RCMP or RNC). If required, are you willing to provide these documents?

Yes No

If required, do you authorize the NLESD to contact the person/ organization listed below and for the person/organization to disclose information for the purposes of obtaining a personal reference regarding your suitability for volunteer activities?

Yes No

Name of Reference	Relationship	Position/Activity	Phone No.

Complete the following information if requested by school administrator or designate:

Languages: Spoken: English French Other _____
 Written: English French Other _____

Skills: Arts English Languages Science
 Athletics Geography Library Keyboarding
 Business Handicrafts Math Writing
 Computers Health Music Dance
 History Office Drama Other _____

Program/Activity Area: (please indicate your area(s) of interest)

Classroom Mentoring ESL Computers
 Literacy Clubs/Fairs Enrichment Library
 Special Ed. Sports/Coach Fundraising Trips/Event
 Tutoring Languages Other _____

Grade Level Preferred:

Kindergarten 4-6 Secondary
 1-3 7-9 N/A

Personal History

Education and /or work experience:
Certificates/Training:
Volunteer experience:

If I take on a role of volunteer with the NLESD, I will hold in confidence all information and material received from and about students and/or personnel that may come to my attention in the course of my duties. Furthermore, I agree to return all personal/confidential information to the school for appropriate storage or disposal.

Volunteer's Signature: _____ Date: _____

Interviewed by: _____ Date: _____