



WETASKIWIN REGIONAL PUBLIC SCHOOLS

"Inspiring students to become the best they can be."

FORM 490-1

VOLUNTEER REGISTRATION for SCHOOL: _____

To ensure the safety of students, all volunteers in our schools need to be registered. Please refer to [AP 490](#) for the guidelines and procedures related to volunteers.

Name:

_____ *Surname*

_____ *Given Names*

Mailing Address:

_____ *City & Postal Code*

Telephone Number:

_____ *Daytime*

_____ *Evening*

Do you have children or grandchildren registered in this school? Yes No

If yes, please provide their name(s) and grade(s):

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Do you have a criminal record? Yes No

Were you asked to provide a security clearance? Yes No

As a volunteer, please note that:

1. Confidentiality is of the utmost importance in the school setting in order to ensure that the dignity and worth of students is honored.
2. The teaching and administration staff are responsible for student learning and discipline.
3. School administration, teaching, and support staff have specific roles to play and it is important that the staff of a school operate as a team.
4. The policies, procedures, and rules of Wetaskiwin Regional Public Schools and the school need to be adhered to.
5. Volunteers enhance student learning by working positively and cooperatively with the school team.

By signing this volunteer registration form, I agree:

1. to the conditions outlined in AP 490
2. that the information on this form is true and complete.
3. to the school providing my contact information to the school's volunteer coordinator (if applicable).

Volunteer Signature: _____ **Date:** _____

Parent/Guardian signature (if volunteer is under 18 years of age):

Signature: _____ Date: _____

Any personal information you provide is protected under Alberta's *Freedom of Information and Protection of Privacy Act* (FOIP Act) and will only be used for purpose for which it was collected. If you have any questions about the collections, use or disclosure of information collected on this form, please contact the **WRPS FOIP Coordinator at 5515 – 47A Ave., Wetaskiwin, AB, T9A 3S3**. The phone number is (780) 352-6018 and the fax is (780) 352-7886.