

# VOLUNTEER REGISTRATION FORM 2025/26

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Westmount Charter School appreciates the services of all volunteers. In order to ensure the safety of the students, all volunteers in our schools need to be registered and have a valid PIC. A volunteer is someone who assists our school and /or students either in curricular or extra-curricular activities but does not include guest speakers, presenters, visitors to the school or parents who assist their own child in the school.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

Do you have children or are you related to any children registered at this school?

Yes ☐ No ☐

If yes, please list relationship to student:

Student:

Relationship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no, please list at least two references (non-family members) with whom the school may check:

Name:

Telephone No:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\* I give WCS permission to contact the above individuals: Yes ☐ No ☐

**Please supply us with your emergency contact information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you as a volunteer, have any allergies, physical limitations, disabilities, medical or health concerns that we should be aware of? Please specify.

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As a volunteer, I fully understand and agree to the following:

- ☐ School volunteer service is permitted at the discretion of the Principal.
- ☐ I will preserve the confidentiality of any personal information which I may see or hear in respect to students, parents, staff or administration. I will hold all such information in the strictest of confidence and I shall not use, copy or disclose such information to any other individual in whole or in part, in any manner or form, unless I have obtained the permission of the Principal.
- ☐ Any information collected, used, generated, and stored by WCS including student, instructional, financial, or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
- ☐ I may not disclose, communicate, publish, take, alter, copy, interfere with, or destroy any information unless I am specifically authorized to do so by the teacher or Principal.
- ☐ Teaching and administration staff are responsible for student learning and discipline.
- ☐ I will refrain from bringing children with me that are not students of the class in which I am volunteering.

- ☐ 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. A volunteer can assist greatly in enhancing student learning by working positively and cooperatively with the school team.
- ☐ Failure to comply with these conditions or WCS policies may result in termination of my position as a volunteer.

**A VALID SECURITY CLEARANCE IS REQUIRED BEFORE A VOLUNTEER POSITION IS CONFIRMED**

- ☐ By signing this volunteer application form, I agree to the conditions outlined. I certify that the information given in this form is true and correct and I agree that falsification or omission of information may result in my removal as a volunteer. I have read, understand and agree to AP 555 and the current volunteer handbook.

**If under the age of 18 a parent or legal guardian is to sign.**

- ☐ I hereby certify that I am the parent or legal guardian of \_\_\_\_\_, a minor, and that s/he has my permission to serve as a volunteer. As the parent/legal guardian I understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer.

**Signature of volunteer or parent/ legal guardian:** \_\_\_\_\_

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

The information on this application form is collected under the Alberta's Freedom of Information and Protection of Privacy Act to carry out our responsibilities under the School Act. If you have any questions about this form, please contact the school Principal.

For office use:

|                           |                  |
|---------------------------|------------------|
| Police information Check: | Approval:        |
| Date completed: _____     | Signature: _____ |
| Date submitted: _____     | Position: _____  |