



VOLUNTEER REGISTRATION

APPENDIX / FORM #7

Volunteer name		Phone number	Cell number
Home address	City	Province/Territory	Postal code
Email			

I _____ agree that I have been fully informed as to all
VOLUNTEER NAME

elements of the activity/trip and understand the role that I am expected to play is as follows:

Roles and responsibilities

- ☐ I agree that I have the experience and qualifications appropriate for my role in this activity.
- ☐ I am aware that I am expected to exhibit positive behavior and act as an appropriate role model in accordance with the school code of conduct.
- ☐ I have provided a record of any certification required for my participation in the activity (e.g. driver's license, First Aid certification etc.)
- ☐ I have provided written consent for an up-to-date security clearance. As per Yukon Education's Volunteers in the Schools Policy, a school administrator may request that a security clearance be completed. The results of the security clearance must be acceptable to Yukon Education before the person can continue to volunteer in the school.

Significant medical conditions/allergies:

Volunteer signature

Date

YYYY/MM/DD

Personal information is collected under the authority of the *Education Act* and the *Access to Information and Privacy Act* s.15(c)(i) for the purpose of an individual participating as a volunteer on a school activity or trip and documenting agreement to the described roles and responsibilities. For more information about this collection, contact the Director of Curriculum and Assessment by phone at (867) 456-5545 or by email at curriculum@yukon.ca.