

## **VOLUNTEER REGISTRATION**

APPENDIX / FORM #7

Volunteer Name:		Phone Number:
Home Address:		Cell Number:
City:	Prov./Terr.:	Postal Code:
Email:		
I (volunteer name) agree that I have been fully informed as to all elements of the activity/trip and understand the role that I am expected to play is as follows:		
ROLES & RESPONSIBILITIES		
☐ I agree that I hold 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 copy of certificates that relate to my role during this trip to the teacher in charge. (i.e. drivers license, First Aid & CPR, Possession and Acquisition License as necessary)		
☐ I hereby consent to a RCMP criminal record check if required. In accordance with the Off-Site Experiential Learning Policy, Yukon Education requires that any volunteer who is in a position of authority over a student must consent to a RCMP criminal record check.		
Significant medical conditions/allergies:		
Volunteer Signature:		Date:

**Considerations:** 

The personal information contained in this form is collected under the authority of the Education Act and the Access to Information and Protection of Privacy Act for the purpose of participating in school trips. If you have any questions about this form please contact the school principal.