

Phone: 403-341-4423 Fax: 403-341-5574

stjosephhigh.ca

To Whom It May Concern:		
Re: (Name of Volunteer)		

This letter is to confirm that the above mentioned person is wishing to volunteer their services within a school in Red Deer Catholic Regional Schools. As per Division policy, it is now a requirement that all persons working with students within RDCRS must have a Vulnerable Sector Check completed.

Trusting this is in order.

Sincerely,

Graeme Daniel Principal

VOLUNTEER REGISTRATION FORM

Red Deer Catholic Regional Schools appreciates the services of all its volunteers. In order to ensure the safety of division students, all volunteers in our schools need to be registered. A volunteer is someone who assists the school and/or students either in curricular or extracurricular activities. It does not include division employees from other schools, guest speakers, presenters, special visitors to the school, or school council members in their position as school council members.

We hope that you will complete this form to enable the school in which you are volunteering to exercise control over who should or should not be involved with the children. The information collected on this form will be held in confidence as required by the Freedom of Information and Protection of Privacy Act.

If you are under 18 years of age, your parent or guardian must sign this form.

Name: Mr./Mrs./Ms.			
	Surname	Given Names	
Address:			
Telephone No.:			
Do you have siblings, of the sign of the s		en registered in this school? Yes	No
Name		Grade	
	s required before a vol	lunteer position is confirmed.	
Have you completed a	Vulnerable Sector Che	eck?	
Yes No			

CONFIDENTIALITY UNDERTAKING FOR VOLUNTEERS

l,	agree to act as a volunteer	with Red Deer Catholic
	(Name)	
Regio	onal Schools with the understanding that:	
•	I shall keep confidential all personal and confidential become aware of in the course of my service; I shall not disclose any such information acquired in duties or working with students and staff to any incertain RDCRS; I shall not disclose any personal information from a expressly authorized by RDCRS in advance to do so; Any records created by me in the course of my volun RDCRS; I shall relinquish to RDCRS all control of any such reforming of my service.	n the course and scope of fulfilling my dividual without authorization from my individuals without being inteer duties are the property of cords immediately upon completion
By sig	gning this volunteer registration form, I am agreeing to	o the conditions outlined above.
	(Signature)	(Date)
Paren	nt/Guardian signature (if volunteer is under 18 years	of age):
	(Signature)	(Date)

Information collected shall remain in the school and retained in accordance with the Freedom of Information and Protection

of Privacy Act. Only the school Principal or person designated by the Principal will have access to the information.