

Thank you for Volunteering at Albert Lacombe School!

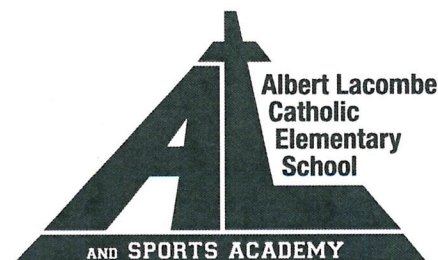
Volunteer Checklist

You are required to submit the following documents to Albert Lacombe School in order to be a volunteer. Please read all the attached sheets for full details and addresses.

- ☐ Criminal Record Check (from RCMP or your local police department). This usually takes 2-3 days unless finger printing is needed. Please take two pieces of current original government id, showing full name and birth date, one piece must have a photo.
- ☐ Intervention Record Check (from Child & Family Services – this will be mailed to you approx. 2 weeks after your application) Please take two pieces of ID including picture identification. The address is: St. Albert Provincial Building
30 Sir Winston Churchill Ave
Phone: 780-460-4970
- ☐ Classroom Volunteer Registration Form

Our office staff will be happy to make a copy of your documents and return the originals to you to use for other volunteer opportunities.

GSACRD policy states that **volunteer documents are valid for one year from the date of issue.**



Dear future volunteers at Albert Lacombe School,

We would like to thank you in advance for showing interest in volunteering your time at our school. Having parents involved in the school enriches the learning environment and reinforces to our children that you are valuable stakeholders in the educational enterprise.

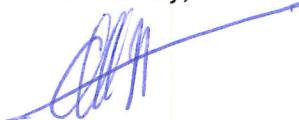
We live in a time where student safety is of paramount importance and must ensure they receive the best care possible. We are obligated to request that any parents/guardians volunteering time at Albert Lacombe School must complete a "Criminal Record Check For School Volunteers" and an "Intervention Record Check."

If you have received your Criminal Record Check, you will only require an updated one a year later from the anniversary date. If you received your Intervention Record Check it also needs to be updated one year from the anniversary date. If you have checks from other volunteer activities, new ones are not necessary within one year.

Please follow the instructions on the attached form to obtain the Record Checks. Depending upon your place of residence, there is no charge for the Criminal Record Check in St. Albert, provided you present the attached form with the Albert Lacombe School letterhead.

Thank you for working with us and volunteering your precious time at our school.

Sincerely,



Allan Menduk
Principal



Request for Criminal Record Check

Date: _____

Name of Volunteer: _____

Please provide a criminal record check for the above-mentioned person as a pre-condition for acting as a volunteer at Albert Lacombe School.

Thank you for your assistance.

Sincerely,



Allan Menduk
Principal





Volunteer Registration Form

Greater St. Albert Catholic Schools

Name of school or department: _____

Name: _____

Mailing Address: _____

Do you have children registered in this school? Yes _____ No _____

If yes, please indicate their name(s) and Grade(s)

(Name) (Grade)

(Name) (Grade)

If not, please provide at least two references.

I, _____ acknowledge that I am a volunteer and that I will provide volunteer services to the best of my capability to Greater St. Albert Roman Catholic Separate School District No. 734. I agree that in the fulfillment of my role as a volunteer on behalf of the Greater St. Albert Roman Catholic Separate School District No. 734, I shall keep confidential all information of which I am aware, and information which I acquire, in the course and scope of fulfilling my duties, or working with students and staff as a volunteer. I shall not use, release, publish, or disclose any information acquired as a result of my participation in school-related activities, not through the completion of duties assigned, as a volunteer, regardless of the form in which the information is acquired, except as may be necessary in order to complete the duties I have agreed as a volunteer.

I acknowledge that Greater St. Albert Roman Catholic Separate School District No. 734 and its employees and contractors are bound by the Freedom of Information and

Protection of Privacy Act. I understand that this act applies to all records within the custody and control of Greater St. Albert Roman Catholic Separate School District No. 734 and that a record is defined as a record of information in any form and includes books, documents, maps, drawings, photographed, recorded or stored in any manner.

I further acknowledge that personal information which is protected under the privacy of the provisions of the Freedom of Information and Protection of Privacy Act includes any recorded information about identifiable individuals, such as students or employees.

I will also abide by the requirements of the school as is to be outlined by the principal and/or teacher for the school that I provide volunteer services.

By signing this form I agree to the conditions outlined above.

Volunteer (print name)	Signature of Volunteer	Date

(Please return this form to the School Principal and/or supervisor)

The information on this form is collected under 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 or the district office.

Office Use

Application Approved: YES / NO

Date:

Principal's Name: _____

Principal's signature: _____

Comments: _____