



ÉCOLE CAMILLE
J. LEROUGE SCHOOL

French Immersion School
5530 – 42A Avenue
Red Deer, Alberta T4N 3A8
Phone: 403-347-7830
Fax: 403-343-9285
www.camilleschool.ca

Date: _____

To Whom It May Concern:

RE: _____

This letter is to confirm that the above-mentioned person is wishing to volunteer their services with a school in Red Deer Catholic Regional Division #39. As per Division policy, it is now a requirement that all persons working with students within our division must have a Criminal Record Check and Vulnerable Sector Check completed.

Trusting this is in order.

Sincerely,

Dorice de Champlain
Principal

Laisse briller ta lumière – Let your light shine

VOLUNTEER REGISTRATION FORM

Red Deer Catholic Regional Division #39 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 students. The information collected on this form will be hold 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 of School:

Name: Mr/Mrs/Ms _____

Surname

Given Names

Address:

Telephone Number(s):

Do you have siblings, children or grandchildren registered in this school? Yes ___ No ___

If yes, please list by name and grade:

Name:

Grade:

A security clearance is required before a volunteer position is confirmed.

Have you completed a security clearance application?

Yes ___ No ___

CONFIDENTIALITY UNDERTAKING FOR VOLUNTEERS

I, _____ agree to act as a volunteer with Red Deer Catholic Regional
(name)

Division (RDCRD #39) with the understanding that:

- I shall keep confidential all personal and confidential information, which I may access or become aware of in the course of my service;
- I shall not disclose any such information acquired in the course and scope of fulfilling my duties or working with students and staff to any individual without authorization from RDCRD #39;
- I shall not disclose any personal information from any individuals without being expressly authorized by RDCRD #39 in advance to do so;
- Any records created by me in the course of my volunteer duties are the property of RDCRD #39;
- I shall relinquish to RDCRD #39 all control of any such records immediately upon completion of my service.

By signing this volunteer registration form, I am agreeing to the conditions outlined above.

(signature)

(date)

Parent/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.