

SCHOOL VOLUNTEER INFORMATION

School: _____ Date: _____

Name: _____

Address: _____

Telephone: _____ Student's Name: _____

Number of days per month that you wish to volunteer: _____

Areas in which you wish to volunteer:

Driving: _____ Library: _____ Classroom: _____ Extra-curricular: _____

Other (please specify) _____

Areas of expertise: _____

Personal and work related character references:

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Have you ever been convicted of a criminal offence for which you have not been subsequently pardoned?

Yes _____ No _____

I agree that the information provided on this form is true and accurate.

Volunteer's Signature

I have reviewed the information on this form.

Principal's Signature

Modification to this document is not permitted without prior written consent from the Greater Victoria School District.