

69 Douglas Avenue Red Deer, Alberta T4R 2L3 Phone: 403-341-3777

Fax: 403-346-1699 www.holyfamilyschool.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 completed.

Trusting this is in order.

Sincerely,

Rori-Lynn Daniel,

Principal

VOLUNTEER REGISTRATION FORM

Red Deer Catholic Regional Division No. 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.

Please 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 of school:	
Name: Mr./Mrs./Ms	
(Surname)	(Given Names)
Address:	
Telephone No.:	
Do you have siblings, children or grando No	children registered in this school? Yes
If yes, please list by name and grade:	
Name	Grade
A security clearance is required befo	re a volunteer position is confirmed.
Have you completed a security clearanc	ce application? Yes No

CONFIDENTIALITY UNDERTAKING FOR VOLUNTEERS

I, _____ agree to act as a volunteer with Red Deer

(name)			
Catholic Regional Division (RDCRD No. 39) with the understanding that:			
 I shall keep confidential all personal an access or become aware of in the cour I shall not disclose any such informatio fulfilling my duties or working with stude authorization from RDCRD No. 39; I shall not disclose any personal inform being expressly authorized by RDCRD Any records created by me in the cours property of RDCRD No. 39; I shall relinquish to RDCRD No. 39 all of immediately upon completion of my set By signing this volunteer registration for outlined above. 	se of my service; n acquired in the course and scope of ents and staff to any individual without ation from any individuals without No. 39 in advance to do so; se of my volunteer duties are the control of any such records rvice.		
(Signature)	(Date)		
Parent/Guardian signature [if volunteer	is under 18 years of age]:		
(Signature)	(Date)		
Information collected shall remain in the so the Freedom of Information and Protection principal or person designated by the principal	of Privacy Act. Only the school		

information.