



Vision Statement:

"Brant Christian School is a unique learning environment committed to academic excellence from a Biblical worldview, assisting parents and the church in preparing graduates of integrity and godliness; ambassadors for Christ and His Kingdom."

VOLUNTEER PACKAGE

Thank you for volunteering with Brant Christian School! We appreciate your support and dedication to our school community.

NEW THIS YEAR: We are sending our volunteer package home with all families to be completed over the summer so that the necessary information can be gathered and handed in first thing in September.

Why September? Many times field trips, etc. are planned on short notice and sports programs begin first thing in the school year. Many times parents are unable to volunteer as chaperones or coaches due to not having the required documentation on file and we cannot accept volunteers without the necessary documents.

Please find attached the forms that are required. Please complete and return to the school as soon as possible. As well, please note that **we require the following documents to be attached** for the new school year:

- **CRIMINAL RECORD CHECK**

(Letters can be supplied by the school to receive this at minimal or no cost. Please email catherine.massey@pallisersd.ab.ca over the summer as these are personalized and we will email you back the letter as soon as possible.)

- **DRIVERS ABSTRACT** (For many sports events and/or field trips we use parent volunteers for transporting students. This document is required prior to driving.)
(IMPORTANT): Please complete the attached Driver Abstract Consent and attach a copy of your driver's license if you would like our school division to order your abstract at a low cost of \$4.00. This fee will be attached to one of your children on www.schoolcashionline.com and will be required prior to the end of September.

DEADLINE FOR DRIVER ABSTRACT FORMS TO BE INTO THE SCHOOL OFFICE IS THURSDAY SEPTEMBER 26TH.

Forms received after this date cannot be accepted and you will be required to go to your local registry to obtain this document at a cost of approximately \$25.00 or more.

Volunteers under the age of 25 or over the age of 65 are not eligible to be a volunteer driver. Vehicle liability insurance must be \$2,000,000, please contact your insurance agent to ensure proper insurance coverage and to make them aware that you will be driving students.)

Please feel free to contact the school office at 403-684-3752 and leave a voice mail or email catherine.massey@pallisersd.ab.ca with any questions. Thank you for your prompt attention to these requests.



PALLISER REGIONAL SCHOOLS CLASSROOM VOLUNTEERS, COACHES AND SUPERVISORS REGISTRATION FORM

School: _____ Activity: _____

Palliser Regional Schools appreciates the service provided by volunteer supervisors/coaches for extra-curricular activities. In order to ensure safety for students, the Board of Trustees believes that those offering to volunteer in such activities should provide a formal registration.

Last Name: _____ Given Name(s): _____

Mailing Address: _____
Street Address/Box No.

_____ Town _____ Postal Code

Telephone No.: _____ (Daytime) _____ (Evening)

Do you have children registered in this school? Yes _____ No _____
If yes, please list by name and grade:

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

Please provide two character references that can be contacted by the school:

Name	Contact Numbers
_____	_____
_____	_____

Do you have a criminal record? Yes _____ No _____

(Please be advised the Board requires that a Criminal Record Check (CRC) for volunteer classroom supports, coaches and supervisors be provided to the school administration. Any costs incurred for CRC fees will be reimbursed by the school.)

ANY CHANGES TO CRC AND DRIVER'S ABSTRACT STATUS MUST BE DISCLOSED TO THE SCHOOL ADMINISTRATION.

As a volunteer supervisor and/or coach, you are advised of the following:

1. The Principal (or designate) is the supervisor for volunteer supervisors/coaches.
2. The Board's liability insurance covers all approved volunteer supervisors/coaches.
3. Confidentiality is of utmost importance, and you are asked to read and sign the attached Confidentiality Form.
4. If an activity is to be conducted by a volunteer without the supervision of a teacher, the Principal (or designate) shall cover the following items in an orientation meeting with the volunteer:
 - a) School philosophy regarding participation of students in the activity (selection, playing time, etc.);
 - b) Use of school facilities and equipment;
 - c) Supervision expectations;
 - d) Discipline and referral procedures;
 - e) Communication with parents;
 - f) Finances and fund-raising;
 - g) Transportation procedures; and
 - h) Professional development opportunities.

Acknowledgement:

By signing this volunteer registration form, I signify I am in agreement with the conditions outlined.

Signature: _____ Date: _____

WITNESS:

Name: _____ (please print)

Signature: _____ Date: _____

The Freedom of Information and Protection of Privacy Act (FOIP) sets controls and standards on how public bodies such as school boards collect, use and disclose personal information that is in their custody or under their control. The information you have provided on this form is being gathered for contact purposes and to determine your eligibility to serve as a volunteer supervisor/coach for Palliser Regional Schools, and will not be used for any other purpose without your authorization. Only those Palliser employees requiring this information to perform their duties will have access to it.

If you have any questions about the collection, use or disclosure of information collected in this registration process or on any matters of access or privacy, please feel free to contact:

The FOIP Coordinator
Palliser Regional Schools
(403) 328-4111
(1-877-667-1234 toll-free)



PALLISER REGIONAL SCHOOLS VOLUNTEER CONFIDENTIALITY FORM

Name of Volunteer: _____

School: _____

DECLARATION OF CONFIDENTIALITY

I promise that I will maintain confidentiality with respect to information regarding all students or employees of Palliser Regional Schools. I understand that disclosure on my part of any such privileged information may be cause for the removal of my status as an approved volunteer in Palliser Regional Schools.

IN WITNESS WHEREOF this _____ day of _____, 20____, I hereby acknowledge that I have read, understand and accept the above responsibility as a Palliser Regional Schools volunteer.

Signature: _____

WITNESS:

Name: _____ (please print)

Signature: _____



PALLISER REGIONAL DIVISION NO. 26 VOLUNTEER AUTOMOBILE DRIVER AUTHORIZATION

Volunteer drivers must inform their insurance company of their intention to use their automobile and to act as a volunteer driver for Palliser Regional Division No. 26 school activities. **Most insurance companies do not require an additional premium charge (or more than a nominal charge), because this service is classified as occasional and is not done for compensation.**

- A minimum of \$2,000,000 public liability and property damage coverage must be in force on the automobile insurance before a volunteer driver may use his/her vehicle to transport students**
- A current driver's abstract has been provided to the school.**

Note: Palliser Regional Schools does not provide liability insurance protection for individual drivers, beyond that provided under the driver's own automobile insurance while the volunteer drivers are transporting students in their own automobiles on a school-sponsored activity or function.

SCHOOL: _____

VOLUNTEER DRIVER'S NAME: _____ STUDENT'S NAME: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE NO.: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NO.: _____ CLASS: _____ EXPIRY DATE: _____

NAME OF INSURANCE COMPANY: _____

INSURANCE POLICY NO.: _____ EXPIRY DATE: _____

INSURANCE AGENT: _____

VEHICLE(S) DESCRIPTION: MAKE(S): _____ MODEL(S): _____ LIC Plate# _____

The vehicle(s) listed is adequately insured and I am properly licensed to drive it.

Signature of Volunteer Driver

Date

Expiration Date: End of Current Academic Year

APPROVAL BY SCHOOL PRINCIPAL:

Signature of Principal

Date

In accordance with s. 33(c) of the Freedom of Information and Protection of Privacy Act, the Traffic Safety Act, and the Access to Motor Vehicle Information Regulation, specific personal information is collected to confirm the identity of the consenting individual, to uniquely identify the consenting individual on the Registrar's system to produce the information product, and to confirm the identity of the recipient and of the authorized employee of the recipient (if the recipient is an organization). The information is collected to monitor and audit the release of information and to conduct investigations if the Registrar receives complaints about the release. Questions about the collection of this information can be directed to a Service Alberta Information Officer at 780-427-7013, toll free 310-0000 within Alberta. Alternatively, questions may be mailed to Box 3149, Edmonton, AB T5J 2G7, attention Data Access and Contract Management Unit (DACMU).

A "Driver Abstract" is the product name under which the Alberta Government releases specific information from a person's driving record, which contains:

- Name
- Address
- Date of Birth
- List of violations (Descriptions, Demerit / Merit Points and Suspension Term)
- A Commercial Driver Abstract (CDA) includes Commercial Vehicle Safety Alliance Inspection (CVSA) information and all of the above information with the exception of date of birth, height, weight, and sex.
- Height
- Weight
- Sex
- Class
- Issue Date
- MVID Number
- Licence Number
- Current Demerit Points
- Suspended Status
- Expiration Date
- Reinstatement conditions (if any)

PART 1

I, _____ of _____
Full Name Full Address

declare that my Driver's Licence Number is: _____, my Date of Birth is: _____
month by name, day, year

and I give consent for my: 3 Year, 5 Year, 10 Year Driver Abstract (SDA),
 3 Year, 5 Year, 10 Year Commercial Driver Abstract (CDA),
to be released, for the period specified under the subsection 5(1)(a), 5(1)(b)(iii) or 5(1)(b)(v) of AMVIR listed below,

to Palliser Regional Schools of 101, 3305 - 18 Avenue North, Lethbridge, AB T1H 5S1
Name of the person / organization receiving the driver's abstract Full Address

In accordance with the Alberta Motor Vehicle Information Regulation (AMVIR) (choose one of the following subsections):

- 5(1)(a) driver's abstract released to a person known by myself
I acknowledge that the above individual is personally known to me, is not acting as an agent or employee of any other person in this transaction, and is not compensated in any manner for receiving or transferring the driver's abstract to myself.
NOTE: This consent is valid for one month after the consent is dated and the information product released cannot be faxed by the registry agent
- 5(1)(b)(iii) driver's abstract released to my employer or prospective employer
NOTE: This consent is valid for three months after the consent is dated if it is used by a prospective employer. This consent is valid for three years from the date it is dated or for the length of the employment whichever is shorter if it is used by the current employer. The information product released can be faxed by the registry agent only to the Employer signing PART 2
- 5(1)(b)(v) driver's abstract released to a lawyer representing me
NOTE: This consent is valid for three months after the consent is dated. The information product released can be faxed by the registry agent only to the Lawyer signing PART 2.

I agree that Alberta Registries and/or the registry agent are not liable for any damages or losses however caused, in respect to any defect, error or omission in the driver's abstract, or use of the driver's abstract by the person receiving it.

Date Signature

PART 2 - Declaration for Faxing (This does not apply to subsection 5(1)(a) above)

I / We, Palliser Regional Schools of 101, 3305 - 18 Avenue North, Lethbridge, AB T1H 5S1
Name of Employer or Lawyer Address

request the driver's abstract, as mentioned above, to be faxed to 403-328-2714
Fax Number (include area code)

I/We agree that Alberta Registries and/or the registry agent are not liable for any privacy breach after the driver's abstract has been faxed to the above number.

Date Signature of Employer or Lawyer