

AP 416-2 Volunteer Application Form

School Year: _____ (must be completed each school year)

Name: _____

Address: _____

Phone: _____

I have a child in this school: Yes - (name/s) _____

No

Areas of Expertise and Interest:

Tutoring (subject/s) _____

Fundraising

Driving

Food Days

Field Trips

Library

Coaching - (sports) _____

Office Help

Special Events

Classroom Help

Other: _____

Times available: _____

I agree to a reference check and/or Abbotsford Police Information Check (APIC), as the principal deems necessary.

I have already had an APIC done at the following Abbotsford School District school as noted: _____

I have never been convicted of an offense involving children/violence/illegal substances.

I have never been refused permission to volunteer previously.

Applicant Signature: _____

For Office Use Only

Level of Risk: High
 Medium
 Low

Approved

Not Approved - (reason): _____

Principal's Signature: _____