

**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.