



VOLUNTEER POLICE RECORD CHECK TEMPLATE

Edna Staebler P. S.
450 Bernay Drive
Waterloo ON N2T 3A3
(519) 880-2646

Please use this box to upload your agency letterhead

Applicant Name:

Agency Name: **Edna Staebler PS**

Please select the type of police record check the applicant is to request.

☐ Criminal Record Check

☐ Criminal Record & Judicial Matters Check

☒ Vulnerable Sector Check (if selected complete below)

1 – Title or description of the volunteer position:

Volunteering under the supervision of a qualified teacher at the WRDSB

2 – Details regarding the responsibilities towards children or vulnerable person(s):

Placement may be in a classroom, school gatherings and/or athletics-related settings

I represent the agency listed above and I certify the above applicant will be volunteering with our organization.

Contact Name:

Tatania Stroud

Contact Number:

519-880-2646

A copy of this letter is required to be uploaded during the application process. To do so, save this document to your computer desktop or a folder you will remember.

Please provide your agency email address for return record checks **est@wrdsb.ca**



VOLUNTEER INTERVIEW FORM

General Information:

Date: _____

First Name: _____

Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Bus. Telephone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact: _____

Home Telephone: _____ Bus. Telephone: _____ Cell Phone: _____

Are you willing to undergo a Police Records Check (if required)? Yes ☐ No ☐

Volunteer Classification:

Parent of Child in School (if activity is considered medium or high risk) ☐

Senior/Retired: ☐ University Student: ☐ Community Member: ☐

Languages:

Spoken: English: ☐ French: ☐ Other: ☐ Specify: _____

Written: English: ☐ French: ☐ Other: ☐ Specify: _____

Skills/Interests:

☐ Arts	☐ English	☐ History	☐ Office
☐ Athletics	☐ French	☐ Library	☐ Science
☐ Computers	☐ Geography	☐ Math	☐ Writing
☐ Drama	☐ Handicrafts	☐ Music	☐ Other

Specify Other: _____



Program Activity Area:

☐ Reg. Classroom	☐ Special Education	☐ Enrichment	☐ Computers
☐ Enrichment	☐ Library Ass't	☐ Office Ass't	☐ Clubs/Hobbies
☐ Sports/Coach	☐ Other		

Specify if other: _____

Grade Level Preferred:

☐ FDK	☐ Gr 1-3	☐ Gr 4-6	☐ Gr 7-8	☐ HS	☐ N/A
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Availability:

☐ Mon AM	☐ Tues AM	☐ Wed AM	☐ Thu AM	☐ Fri AM	☐ Flexible
☐ Mon PM	☐ Tues PM	☐ Wed PM	☐ Thu PM	☐ Fri PM	☐ Flexible

Mode of Transportation to get to school: _____

References:

1. Name: _____
Relationship: _____
Home Telephone: _____ Bus. Telephone: _____
Reference Checked completed by: _____
When: _____ Completed: ☐ Yes ☐ No (follow up req'd.)
(date)

2. Name: _____
Relationship: _____
Home Telephone: _____ Bus. Telephone: _____
Reference Checked completed by: _____
When: _____ Completed: ☐ Yes ☐ No (follow up req'd.)
(date)

Personal History:

Education and/or work experience: _____



Appendix A

Volunteer Experience: _____

Permission to conduct References:

I _____, hereby authorize the school principal to solicit a personal reference from the referee(s) whose names were provided in connection with my application for a placement as a school volunteer.

Date

Signature

Reset Form

