



2023-24 WISE VOLUNTEER REGISTRATION AND CONFIDENTIALITY UNDERTAKING

Name of applicant: _____

Mailing address: _____

Home phone: _____ Business or Cellular phone: _____

I, _____, agree to act as a volunteer with The Waldorf Independent School of Edmonton with the understanding that:

- I shall keep confidential all personal and confidential information of students and teachers which I may access or become aware of in the course of my service;
- I shall not disclose any such information to any individual without authorization from an appropriate classroom teacher, Administrator or Principal of The Waldorf Independent School of Edmonton;
- I shall not collect any personal information from individuals without being expressly authorized to do in advance by an appropriate official of The Waldorf Independent School of Edmonton;
- In relation to volunteering in the classroom, I shall only take up activities as directed by the classroom teacher;
- Any records created by me in the course of my volunteer service are the property of The Waldorf Independent School of Edmonton; and
- I shall relinquish to The Waldorf Independent School of Edmonton all control to any such records immediately upon completion of my service or when directed by an official of The Waldorf Independent School of Edmonton to do so.

As a volunteer, you will be expected to

Accept and understand the children with whom you come into contact. Strive for acceptance of all children. Some of our children have particular or specific needs which are not evident to others. If you are unsure of how to respond to a particular student, please check with the teacher. We ask that you respect others and honour the diversity of people and their perspectives at all times in your role as a volunteer.

Take note of and become familiar with general school rules and procedures so that you may provide a positive role model to the students. This will also assist you to be more comfortable when interacting with the children.

Report to the teacher or principal when you have a student concern. While volunteers may intervene and redirect students so that they behave in an appropriate and safe manner, please be aware that instructing and disciplining students are the responsibilities of the school staff.

I understand that my right to volunteer is contingent on maintaining this volunteering and confidentiality undertaking.

Applicant's Signature: _____ Date: _____

Information Disclosure

Information collected shall remain in the school, and is collected and retained in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will be used solely to determine your suitability as a volunteer for The Waldorf Independent School of Edmonton and to allow staff members to contact you. Only the Administrative principal or people designated by the principal will have access to the information.



WISE VOLUNTEER REGISTRATION AND CONFIDENTIALITY UNDERTAKING - Pt. 2

Name of applicant: _____

CRIMINAL RECORD AND VULNERABLE SECTOR RECORD DECLARATION

1. Have you ever been charged or convicted of an offense under the *Criminal Code*, *Narcotic Control Act*, *Controlled drugs and Substances Act*, *Food and Drugs Act*, or the *Firearms Act of Canada*, or the criminal laws of this or any other country? (Individuals who have been granted pardons are not required to respond "Yes" to this question.)
Yes _____ No _____
2. Have you ever been the subject of an investigation or order under the *Child Welfare Act* or *Child, Youth, and Family Enhancement Act*, or equivalent legislation in any other province or country?
Yes _____ No _____
3. I agree to notify the Administrative Principal if, during the course of the year, my circumstances change requiring a new Declaration to be signed.

If the answer to either question 1 or 2 is "Yes", The Waldorf Independent School requires that you provide a Criminal Records Check with Vulnerable Sector Check Based on the results, the principal may deny your volunteer application. You may appeal this decision to the WESE Board President. The result of this decision is final.

Applicant's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

FIRST AID CERTIFICATION

If you have completed First Aid training in the last 2 years, you are encouraged to share a copy of your certification with the office staff.