

☐ **Proof of Vaccination & ID verified by:** _____
Volunteer Coordinator / Date

To be completed by Volunteer Services: AMA ☐ CAR ☐ PIC ☐



WINNIPEG SCHOOL DIVISION

VOLUNTEER SERVICES RENEWAL FORM

School Staff: PLEASE Complete

School: _____

Month/Year: _____

Volunteer Position: _____

Partnership Organization (i.e. MTS, U of M, WRHA): _____

☐ Parent ☐ Grandparent ☐ Community ☐ Coach
☐ Driver ☐ WSD Employee ☐ WSD Student, ☐ 18+ yrs old

1. Personal Information

Name: _____, _____
Last First

Home Address: _____

City: _____ Postal Code: _____

Telephone No.: _____ Cell No.: _____

E-mail: _____

Original Start Date: _____
Month, Year

Emergency Contact:

Name: _____ Telephone No.: _____

ACCESSIBILITY FOR MANITOBIANS ACT (Mandatory)

Accessibility for Manitobans Act (AMA) Training is mandatory for all WSD Volunteers. Training involves viewing the "Accessibility in Winnipeg School Division" video or reading the training document.

Please **check off** one of the following options:

- ☐ I have viewed the AMA Training video or read the training document at the school.
- ☐ Please send the AMA Training Video and online Declaration Form to my email address.
- ☐ Please mail a printed version of the AMA Training and Declaration Form. I will read the material and return the signed Declaration Form to the school or to Volunteer Services by fax @ 204-779-5633.

PLEDGE OF CONFIDENTIALITY

- As a volunteer in the Winnipeg School Division, I hereby pledge to observe confidentiality regarding my volunteer work in the school.
- I further acknowledge that I have been informed of the requirements regarding confidentiality.
- I acknowledge that I am bound by the policies and procedures established by the Winnipeg School Division and understand that breaching this policy may result in disciplinary action.

I hereby authorize Winnipeg School Division, Volunteer Services to check references in connection with my application for a volunteer position. I declare that the information given in my application form and any additional information provided in support of my application is true and complete to the best of my knowledge.

Date: _____ Signature: _____

Parent/Guardian Signature (if volunteer under 18 years of age): _____

Please Note: Volunteers must contact a Coordinator of Volunteers should a change of status occur in their Police Information Check or Child Abuse Registry Check at anytime during their placement. Failure to do so may result in their dismissal as a volunteer.

This personal information is being collected under the authority of the Winnipeg School Division and will be used for the purposes of volunteer registration. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection Act. If you have any questions about the collection, please contact either of the Coordinators of Volunteers: Carmen Court @ 204-474-1513 or Erin Herkimer @ 204-453-1748.