



SCHOOL _____

Volunteer/School Checklist

VOLUNTEER

Please check off box when complete and return to school you are volunteering.

- Individual Volunteer Registration Form
- Individual Volunteer Waiver- *must have a witness to your signature.*
- Police Records Check - *acquire their printed report.*
- Volunteer Fee Waiver-*must have the Principal's signature. Please take this to the policing service as they may require this as a receipt and proof that you are volunteering.*
- Temporary Approval Declaration – *if you choose not to check both boxes, this may indicate you have a record and may not volunteer until cleared.*
- Child Abuse Registry Form A-*must complete and attach a copy of identification. Return form with volunteer package for processing. If this form is incomplete, you may not volunteer until cleared through Child Protection Services which may take 3-4 weeks.*

NEW The Department of Community Services will mail you their clearance letter within 4-6 weeks. You must provide the **original** clearance letter to: CCRSB-Human Resources, 60 Lorne St., Truro, NS B2N 3K3

A 'true and verified copy of the original' will be made for your file. The original will be returned to you for your safekeeping as you may share this letter with other organizations.

Option: You may bring your original clearance letter to the school for the Principal or Administrative Assistant to make a 'true and verified' copy for your file. They are to forward the copy to Human Resources.

PRINCIPAL/ADMINISTRATIVE ASSISTANT

Only return a complete volunteer package to Administrative Assistant - Human Resources - Truro. Please check off box below. A complete package will include:

- Individual Volunteer Registration Form
- Individual Volunteer Waiver –*must have volunteer and witness signatures as well as Principal's signature*
- Police Records Check REPORT
- Temporary Approval Declaration –*if volunteer does not check both boxes, it may indicate he/she has a record and may not volunteer until cleared through Human Resources.*
- Child Abuse Registry Form A- *a completed form must be accompanied with a copy of identification. If the volunteer presents an original confirmation letter of clearance from Community Services addressed to the individual, the Principal or Administrative Assistant from CCRSB may photocopy it and write "True and Verified" on the copy, date and sign it, and include the copy with the volunteer's package. Return original letter to individual---it is for their safekeeping.*

When Child Abuse clearance letters are presented to the school 4-6 weeks after registering as volunteer, Principal or Administrative Assistant is to make a 'true and verified' copy of the letter indicating this on the copy and sign off on it. The original is returned to the individual and the copy is forwarded to Human Resources to finalize registration.

* An incomplete volunteer package will be returned to the school for follow-up.



Individual Volunteer Registration Form

Name:

(Surname)

(First)

(Middle)

Address:

(Street)

(Town)

(Province)

(Postal Code)

Occupation/Job Title:

Employer:

Employer's

Address:

(Street)

(Town)

(Province)

(Postal Code)

I prefer to be contacted (complete all that apply):

At home phone:

() -

Area Code

At work phone:

() -

Area Code

By e-mail address:

Time Commitment:

Grade Preference:

Group Size:

Frequently

K-2

3-5

Small Group

Occasionally

6-8

9-12

Class

Indicate name of school you wish to assist:



Individual Volunteer Waiver

I, _____ have offered to provide my assistance as a
volunteer to the **Chignecto-Central Regional School Board** (CCRSB) and

(Name of School & CCRSB Organization.)

As a volunteer, I expressly acknowledge that:

- Acceptance of my offer of assistance as a volunteer is entirely within the discretion of CCRSB;
- As a volunteer, I am not an employee of CCRSB and CCRSB has no contractual obligations arising from my volunteer service;
- I authorize CCRSB to complete a Child Abuse Registry Form and a Police Records Check. This authority includes the initial checks in support of my application and ongoing checks as required by CCRSB, during my tenure as a volunteer;
- I acknowledge that a violation under the Child Abuse Registry Check will constitute grounds for refusal to accept an offer of volunteer service. Violations found under the Police Records Check may constitute grounds for refusal to accept an offer of volunteer service;
- I further acknowledge that it is my obligation to report to CCRSB any entries on the Child Abuse Registry or any Criminal convictions which may occur after the acceptance of my application as a volunteer;
- It remains within the discretion of CCRSB at any time to decline my offer of assistance as volunteer, with or without reasons as it determines. The decision concerning the selection, placement or replacement is, in the normal course, made by the Principal. In the event the volunteer's application is not accepted, the applicant can appeal the decision in accordance with the applicable Administrative Procedure;
- I will not make any claim or take any proceeding against CCRSB, or other persons acting for or on its behalf, with respect to my service as a volunteer or the termination of such service.

Signed this _____ day of _____, 20____, at _____, Nova Scotia.

Volunteer Signature

CCRSB Principal (or Designate)

Witness



Instructions for Police Records Check

It is a Chignecto-Central Regional School Board (CCRSB) Policy for each new employee to have a Police Records Check completed.

1. Candidates for employment must obtain and submit to the Human Resources Services Department a completed Police Records Check.
2. Any fees as a result of the Police Check are the responsibility of the employee.

Instructions for Child Abuse Register Form A

It is a Chignecto-Central Regional School Board (CCRSB) Policy for each new employee to complete the Child Abuse Registry Form A. A copy of this form is included in the EMPLOYEE INFORMATION PACKAGE.

INSTRUCTIONS:

1. Only original forms are to be used. The Community Service office who maintains the Child Abuse Registry will not accept any photocopied forms.
2. Complete Sections 1-4 on the form.
3. Be sure to **attach a photocopy of proof of your identity (driver's license and/or health card).**
4. All employees must use full legal names. Initials are not acceptable and will only cause delays with the Department of Community Services.
5. ***Place the completed Child Abuse Form A with copy of identification in the employee package envelope for CCRSB to process.***

The Department of Community Services will be mailing you the clearance letter. You must provide the *original* clearance letter to our Board immediately upon receipt of said letter. A 'true and verified copy of the original' will be made for your file with the original letter returning to you for your safekeeping. This letter may be shared with other organizations. If the letter is not provided to our Board, you may be terminated.



Volunteer Fee Waiver

Re: Police Records Check for Volunteering

To Whom It May Concern,

Please be advised that _____ has applied to serve as a volunteer with the Chignecto-Central Regional School Board (CCRSB). As a volunteer with the CCRSB, the applicant will have direct contact with students and will require a police records check of the vulnerable sector.

If you have any questions in relation to the above, please contact _____.

Sincerely,

Principal



Temporary Approval Declaration For Volunteer work (To be used while awaiting results of CARC)

This Declaration is made pursuant to an application for volunteer work with the Chignecto-Central Regional School Board. It does not replace the requirement for a Child Abuse Register Check.

Name: _____

Address: _____

Job Classification: _____ Volunteer _____

I have submitted a "Child Abuse Register – Request For A Search Form A"

and in addition

I self-declare: No record is recorded with the Department of Community Services

Signature of Applicant

Date

(You must provide a copy of the clearance letter to our Board within 2 months of submission or volunteering may be terminated. The listing of one's name in the Child Abuse Register may also terminate volunteering.)

For Chignecto-Central Regional School Board Use Only

I have reviewed this application for temporary approval and based on the self disclosure, the above applicant is temporarily approved for the employment/volunteer work pending a satisfactory "Child Abuse Register – Request for a Search."

Human Resources Manager

Date

1 Will you have contact with children under age 16?

Yes, complete this form No, do not complete this form. We cannot search the register for your name.

We are authorized to search the Nova Scotia Child Abuse Register **only** if you have contact with children under the age of 16. **Search results are for Nova Scotia only.**

2 Give your personal information (please print)

Last name: _____ First name: _____

Middle names: _____ Last name at birth: _____

All other last names during your lifetime: _____

Commonly used names, nicknames, aliases: _____

Date of birth (dd/mm/yyyy): _____ Gender: Male Female Transgender

Health card number: _____ Drivers license master number: _____

Current mailing address: _____ Apt/Unit #: _____

City: _____ Postal Code: _____

Phone: Home (xxx-xxx-xxxx): _____ Cell (xxx-xxx-xxxx): _____

Are you a current or former resident of Nova Scotia? Yes No

3 Attach photocopy to prove your identity

Include proof of your identity. Attach a photocopy of your valid Canadian: Driver's license, Health card or Passport

If you do not have proof of your identity, please contact us at the number listed at the bottom of this form.

4 Sign the request and certification

Please **confirm** that my name is not entered in the Nova Scotia Child Abuse Register.

I **certify** that the information given on this form is correct.

Signature: _____ Date: _____

5 Send the form to us

Private and Confidential
Child Abuse Register
Department of Community Services
P.O. Box 696
Halifax, Nova Scotia B3J 2T7

We will send confirmation that your name does not appear on the register to the mailing address you gave above. You may share this letter with volunteer organizations and/or employers.

Questions? Call 902-424-6798

For staff use only	
<input type="checkbox"/> As of this date, _____ the name of the above HAS NOT been entered in the Child Abuse Register.	
<input type="checkbox"/> Consent withdrawn by applicant	
Authorized signature: _____	
Certified by the Department of Community Services Child Abuse Register (stamp)	