



Project Connect "Our Kids are Worth It"

Participation Application

Contact Information

Name	
Employee #	
Primary Phone #	
2 nd Phone #	
E-Mail Address	

Availability

During which hours are you available for volunteer participation assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- | | |
|--|---|
| <input type="checkbox"/> Reading Support | <input type="checkbox"/> Coaching (e.g. basketball) |
| <input type="checkbox"/> Fieldtrips | <input type="checkbox"/> Lunch Club (e.g. chess) |
| <input type="checkbox"/> Sporting Events | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Science Fair Judging (no experience needed) | _____ |
| <input type="checkbox"/> Christmas Performances | _____ |
| <input type="checkbox"/> Volunteer coordination | _____ |
| <input type="checkbox"/> Band Event | _____ |
| <input type="checkbox"/> Sports Day | _____ |

Agreement and Signature

Thank you for your time and commitment to helping us at our schools. Students will greatly benefit from your efforts. Abbotsford School District's motto is Respect, Opportunity, and Innovation. We feel it is important for all adults working in our building to model these values for the student. You can help with this by following these guidelines:

- Remember that everything you hear or see regarding the students is confidential.
- If you cannot make your scheduled time please let us know.
- Treat all members of our school community with respect.
- Please wear your name tag while on the school grounds and in the school.
- You are working under a staff member's direction. Consult with that staff member before initiating activities.
- Please be assured that information given by you will be kept confidential.

As a volunteer in our school you are in a position of trust and as such it is essential that privacy and confidentiality are maintained. Our students' safety is of prime concern to us. If this safety or trust is compromised, we will find it necessary to ask you to relinquish your volunteer status. Your continued efforts and assistance are greatly appreciated. We look forward to working with you.

Thank you for your support.

I have read and am willing to follow these guidelines.

Signature

Date

Please return this completed form to Human Resources, ***Attention: Project Connect***

Human Resources