

## Calgary Academy Volunteer Application Form

Calgary Academy and the School Council of Calgary Academy (SCOCA) appreciates the gift of time and service of all its volunteers. The involvement of authorized volunteers in Calgary Academy provides an excellent source of support and enhancement of the learning program. While welcoming volunteer participation to assist in providing an effective and safe learning environment for our students, we require all volunteers to fill out the following application.

Name:			
	First	Middle	Last
Current Address:			
City/Province		Postal Code:	
Home Phone:		Cell Phone:	
Email:			

Please list the name and grade of your child(ren) attending Calgary Academy:

Name:		Grade:	
Name:		Grade:	
Name:		Grade:	
Name:		Grade:	

As a volunteer, we would like to advise you of the following conditions:

- 1 School volunteer service is permitted at the discretion of principal.
- 2 Confidentiality is required in the school setting in order to respect the dignity and worth of all students, parents, volunteers and school staff.
- 3 The staff at Calgary Academy are responsible for student learning and discipline.
- 4 A volunteer's role is to assist Calgary Academy staff and enhance student learning by working positively and collectively with the Calgary Academy teaching and administrative team.
- 5 All volunteers are required to attend and participate in the SCOCA Volunteer Orientation program.
- 6 All volunteers are required to complete a police clearance check specifically designated for Calgary Academy.
- 7 Failure to comply with these guidelines may result in termination of your position as a volunteer with Calgary Academy

By signing this volunteer application form, I agree to the conditions outlined above.

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Signature
Date

## Calgary Academy Volunteer Confidentiality Agreement

I,				(please print name)
<p>Agree that I will act at all times to preserve the confidentiality of all personal information of which I become aware of students, parents, staff and administration while fulfilling my duties in a volunteer capacity at Calgary Academy.</p> <p>I will hold all such information in the strictest of confidence and I shall not sue, copy or disclose such information to any individual within or outside of Calgary Academy without the permission of the Principal of Calgary Academy.</p>				
Signature of volunteer		Print Name		
Executed and witnessed on this day		day of		20

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Signature of Calgary Academy  
Administration Team or SCOCA Board  
Member

\_\_\_\_\_  
Date