

AP 416 – Volunteers

Background

The purpose of this procedure is to formally recognize and support the use of volunteers in schools in the district and to detail appropriate screening and acceptance procedures.

Procedures

1. Volunteers may be engaged as resource people or in supportive services, as follows:
 - 1.1 Resource Volunteers have a relevant area of experience and expertise, and are involved on a short-term basis to enhance the education program e.g.: workshops, concerts, class presentations. Their visits are planned and supervised by a certified teacher. These volunteers usually do not need to complete an application form.
 - 1.2 Support Service Volunteers who directly or indirectly help teachers or groups of teachers to achieve educational objectives by providing non-instructional services, (e.g. team coaches, etc.) are required to complete an application form [AP 416-2 Volunteer Application Form](#).
2. Volunteers, individually and in groups, will be governed by regulations determined by each school's principal, relating to the internal operation of the school, but no volunteer will be assigned to a teacher without the teacher's consent.
3. Principals are required to follow the Procedure "Screening and Acceptance of Volunteers" for all Support Service Volunteers.
4. The principal can refuse to allow a volunteer to work in the school if these procedures are not agreed to by the volunteer or where the volunteer is deemed not acceptable subsequent to the screening process.
5. For insurance purposes, volunteers will be considered agents of the Board while providing volunteer services.
6. Screening and Acceptance of Volunteers
 - 6.1 Principals are required to complete the following procedure in the screening and acceptance of all Support Service Volunteers.
 - 6.1.1 All Support Service Volunteers (and Resource Volunteers, at the discretion of the Principal) are required to complete the Volunteer Application Form. This is a District form and must be used as attached and must carry District letterhead.

- 6.1.2 The completed Application Form and Police Information Check (PIC) (formerly known as a Criminal Record Check) response (if applicable) must be kept confidential and in a secure file in the school office and must not be destroyed at any time. The District will require volunteers to have a PIC done every three years, but a PIC may be requested at any time at the discretion of the principal. Copies will be forwarded to other district schools as required.
- 6.2 The Principal will screen these applicants, using the Risk Factor Protocol [AP 416-3 Risk Factor Protocol](#).
- 6.3 A letter of understanding must be signed for those volunteers accepted to work in schools. This letter may be individualized by schools. A sample of the letter is attached. Each school's letter must, however, include the following:
- the need for confidentiality
 - the right to discontinue the services of the volunteer
 - the school year for which the letter is applicable.
- 6.4 Reference checks are optional for Low or Medium Risk situations but are required for High Risk situations see [AP 416-3 Risk Factor Protocol](#).
- 6.5 At the discretion of the principal the school may pay for Police Information Checks for school volunteers.
- 6.6 When a principal deems an applicant to volunteer to be unsuitable for any situation, the reasons for this should be given to the applicant.

Appendix: [AP 416-1 Sample Letter of Understanding \(Volunteers\)](#)

[AP 416-2 Volunteer Application Form](#)

[AP 416-3 Risk Factor Protocol](#)

[AP 416-4 Confidentiality Understanding – Parent Volunteers and Non-Employees](#)

Reference: [AP 104 – Parental Rights](#)

[2012 PIC - Police Information Check](#)

AP 416-1 Sample Letter of Understanding (Volunteers)

(School Letterhead)

Adult Volunteers

Thank you for your time and commitment to helping us at the school. The children will greatly benefit from your efforts. Our school motto is <insert here>. We feel it is important for all adults working in our building to model these values for the children. 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 inform the supervising teacher of any concerns regarding student behaviour.
- 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 children's safety is of prime concern to us. If children's 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.

Staff

I have read and am willing to follow these guidelines. I agree to a reference check and/or Abbotsford Police Information Check should the principal of the school deem it necessary.

Volunteer Signature

Date

NOTE: Please also read and sign the Confidentiality Understanding – Parent Volunteers and Non-Employees Form ([AP 416-4](#))

AP 416-2 Volunteer Application Form

School Year: _____ (must be completed each school year)

Name: _____

Address: _____

Phone: _____

I have a child in this school: Yes - (name/s) _____
 No

Areas of Expertise and Interest:

- | | |
|---|---|
| <input type="checkbox"/> Tutoring (subject/s) _____ | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Food Days |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Library |
| <input type="checkbox"/> Coaching - (sports) _____ | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Classroom Help |

Other: _____

Times available: _____

- I agree to a reference check and/or Abbotsford Police Information Check (APIC), as the principal deems necessary.
- I have already had an APIC done at the following Abbotsford School District school as noted: _____
- I have never been convicted of an offense involving children/violence/illegal substances.
- I have never been refused permission to volunteer previously.

Applicant Signature: _____

For Office Use Only

- Level of Risk: High
 Medium
 Low
- Approved
 Not Approved - (reason): _____

Principal's Signature: _____

AP 416-3 Risk Factor Protocol

Levels of Volunteerism:	Screening Process:
<p>Low Risk</p> <ul style="list-style-type: none"> - always under the direction/observation of school based staff (eg: reading with children in the classroom; working in school office or teachers’ workroom) - P.A.C. related activities (eg: fund raisers, social nights, hot dog days) - 	<p>Low Risk</p> <ul style="list-style-type: none"> - completion of volunteer application form including signature on letter of understanding - option of Abbotsford Police Information Check (APIC) - publication of volunteer list
<p>Medium Risk</p> <ul style="list-style-type: none"> - usually under the direction/observation of school based staff - easily observed while working with student (eg: assisting in computer lab; working in a seminar room with one or more students; field trips, transporting a group of students) 	<p>Medium Risk</p> <ul style="list-style-type: none"> - completion of volunteer application form including signature on letter of understanding - option of: reference check - option of APIC - publication of volunteer list - option of orientation meeting
<p>High Risk</p> <ul style="list-style-type: none"> -direct responsibility for students (eg: coaches, drivers (for field trips), etc.) - likely to be alone with students (eg: overnight field trips, coaching, transporting single student other than own child) 	<p>High Risk</p> <ul style="list-style-type: none"> - completion of volunteer application form including signature on letter of understanding check references, interview applicant and conduct period checks with volunteer and school staff - APIC must be completed - publication of volunteer list - orientation meeting required

AP 416-4 Confidentiality Understanding Parent Volunteers and Non-Employees

NAME: _____ POSITION: _____

A public body must protect personal information in its custody or under its control by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal. Personal information is any information that is about an identifiable individual excluding their contact information.

All individuals with access to records, documents or information (in whatever format, i.e. hard copy, verbal, electronic, etc.), which contain personal or confidential information, are responsible for maintaining the integrity and confidentiality of those records. A person who contravenes section 30.4 (unauthorized disclosure) of the [Freedom of Information and Protection of Privacy Act](#), commits an offence.

Confidential records are created with an expectation that they will not be disclosed to anyone outside of the Abbotsford School District except those persons who require the records for a legitimate purpose. Confidential records include records containing information about student information, employee information, District information that are meant to be used internally and only disclosed in very limited purposes.

Individuals who have access to personal or confidential information:

1. Must acknowledge that they understand the obligation to protect the personal and confidential information of the District.
2. Must not release personal or confidential information to any person without the express consent of the school district.
3. Must **only** make use of personal or confidential information for the purpose for which it was disclosed to them.
4. May not make any copies of any records containing personal or confidential information and to return any records provided to them in the course of acting as a volunteer to the District.

Please sign the statement below.

I have read and understand and will adhere to the above policy.

Name (Please print)	Signature	Date
Witness (Please print)	Signature	Date