



School District No. 36 (Surrey)

VOLUNTEER INFORMATION SHEET

School and/or Program _____

Volunteer Name: _____

Address: _____

Telephone: Home: _____ Work: _____

Cell: _____ E-mail: _____

Proposed activity (team, club, class or activity):

Relevant experience:

Formal training / First aid qualifications:

The Surrey School District provides Accident and Liability Insurance to protect volunteers while acting for the District. Please see your Principal for details.

I accept all of the risks and the possibility of personal injury or property damage resulting from my volunteer activities.

Volunteer Signature: _____ **Date:** _____

Criminal Records Check completed: _____

Staff Sponsor (print & sign): _____

Administrative Officer Approval: _____

Date Approved: _____