



## ST. DAVID CATHOLIC SECONDARY SCHOOL

### Volunteer Information Form (VIF) For WCDSB Employees

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
# Street City Postal Code

E-mail address: \_\_\_\_\_

Family Doctor\* \_\_\_\_\_ Phone: \_\_\_\_\_

\* Should my family doctor not be available, I agree that the principal (or designate), in an emergency, shall call any local doctor and/or ambulance on my behalf.

In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have any health condition or intolerance to certain medications, please indicate below:

\_\_\_\_\_  
\_\_\_\_\_

Areas of interest at St. David (i.e. enriching programs in subject areas, coaching, special activities):

\_\_\_\_\_  
\_\_\_\_\_

#### The volunteer agrees to:

- Respect the confidentiality of all information that may be received regarding any students or staff while a volunteer.
- Abide by W.C.D.S.B. policies and procedures APO 001.
- Notify the appropriate staff member at school as soon as possible when circumstances necessitate absence from duties.
- Act in accordance with the norms and expectations of the school as outlined during orientation and in the volunteer manual.

#### The school agrees to:

- Provide both initial orientation and ongoing training and support for a Volunteer.
- Show respect and appreciation by giving volunteers suitable assignments in line with a volunteer's area of interests and skills.
- Inform volunteers in advance of all scheduled changes (holidays, special events, etc.).
- Ensure that students treat all volunteers with respect and co-operation.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal or Designate

\_\_\_\_\_  
Date