Clayburn
Middle School

ABBOTSFORD
SCHOOL DISTRICT

Principal: Mr. Reg Gabriel
Vice-Principal: Mrs. Elizabeth Smoes
Vice-Principal: Mr. Paul Luongo

Office Staff: Mrs. Debbie Horsman
Mrs. Marcia Janzen

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 Reason, Respect and Responsibility. 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.

Mr. Reg Gabriel

Principal

I have read and am willing to follow these guidelines. I agree to a Criminal Record Check.

_____

Volunteer Signature

Date: _____

35139 Laburnum Avenue
Abbotsford BC V2S 8N3
Tel 604.504.7007
Fax 604.504.7983
clayburnmiddle.com

AP 416-3 Risk Factor Protocol

Levels of Volunteerism:	Screening Process:
Low Risk - always under the direction and observation of school-based staff (e.g.: reading with children in the classroom; working in school office or teachers' workroom) - P.A.C. related activities (e.g.: fundraisers, social nights, hot dog days)	**Low Risk** - completion of volunteer application form including signature on letter of understanding - Criminal Record Check - publication of volunteer list
Medium Risk - usually under the direction/observation of school-based staff - easily observed while working with student (e.g.: assisting in computer lab; working in a seminar room with one or more students; field trips, transporting a group of students	**Medium Risk** - completion of volunteer application form including signature on letter of understanding - option of: reference check - completion of Criminal Record Check - publication of volunteer list - option of orientation meeting
High Risk - direct responsibility for students (e.g.: coaches, drivers (for field trips), etc.) - likely to be alone with students (e.g.: overnight field trips, coaching, transporting single student other than own child	**High Risk** - completion of volunteer application form including signature on letter of understanding - completion of Criminal Record Check - check references as well as conduct - interview applicant - periodic checks with volunteer and school staff - publication of volunteer list - orientation meeting required

AP 416-2 Volunteer Application Form

School Year: 2026 - 2027 (must be completed each school year) POD _____

Name: _____

Address: _____

Phone: _____

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

Areas of Expertise and Interest:

- ☐ Tutoring (subject/s) _____
- ☐ Driving
- ☐ Field Trips
- ☐ Coaching - (sports) _____
- ☐ Special Events
- ☐ Fundraising
- ☐ Food Days
- ☐ Library
- ☐ Office Help
- ☐ Classroom Help
- ☐ Other: _____

Times available: _____

☐ I agree to a Criminal Record Check
☐ I have already completed a Criminal Record Check for the Abbotsford School District
☐ 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

- ☐ Approved
- ☐ Not Approved - (reason): _____

Principal's Signature: _____

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