

**Consent of Volunteer &
Acknowledgement of Risk for Off-Site Activity**

Volunteer Name: _____

School: _____

Phone(s): _____ Email: _____

Please Read Carefully and Complete the Following

1) Select either (a) or (b)

- a) ☐ I will be given the opportunity to participate in the following program or activity (please specify program):

i) Name of the Service Provided (if applicable): _____

ii) Location: _____

iii) Date: _____

iv) Teacher / Coach / Leader in Charge: _____

- b) ☐ I will be given the opportunity to participate in the following series of off-site activities for the following program:

See the attached list for activity(ies), date(s), location, service provider and teacher / coach / leader in charge.

2) Do you have a criminal record for which you have not received an official pardon?

☐ Yes ☐ No

3) Expectations for Volunteers

Volunteers are part of the supervision of an off-site activity and are expected to:

- ⇒ Review and comply with the requirement of Policy on Volunteers;
- ⇒ Have qualifications appropriate for the off-site activity;
- ⇒ Know the details of the off-site activity and their specific duties and authority prior to departure;
- ⇒ Exhibit positive behavior, participate as a school team member and be an acceptable role model;
- ⇒ Support and follow the school Code of Conduct;
- ⇒ Report any inappropriate conduct to the teacher / coach / leader in charge;
- ⇒ Adhere to the schedule or itinerary;
- ⇒ Dress appropriate for the off-site activity;
- ⇒ Fulfill their duties as supervisors for the duration of the off-site activity, including evening and weekends;
- ⇒ Notify the Principal of any new criminal charges at the time the charge is made, subsequent to 'Criminal Record' above;
- ⇒ Maintain confidentiality to ensure that the dignity and worth of students, parents, volunteers and school staff is honored;
- ⇒ Ensure that any information collected, used, generated and stored by LRSD including student, instructional, financial, or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.

4) Consent and Acknowledgement of Risk

Potential hazards and risks of the off-site activity may include but are not limited to financial loss, illness, injury or death. I acknowledge the existence of known risks and potential unknown risks and I voluntarily assume the risks which may include but are not limited to:

5) The following means of transportation will be provided by:

- 6) I accept this mode of transportation for this activity ☐ Yes ☐ No **OR**
I will provide my own mode of transportation: ☐ Yes ☐ No **OR**
I consent to the use of my vehicle for the transportation of student(s) for this activity: ☐ Yes ☐ No **AND**
I have completed the *Volunteer Driver Application* and acknowledge my understanding
and compliance with Livingstone Range Policies and Procedures. ☐ Yes ☐ No
- 7) I am satisfied that I have been informed of my right to obtain as much information about this program or activity as I feel necessary, including information beyond that provided to me by the School or Division to the extent that I require and am not, in any way relying solely upon information provided by the Livingstone Range School Division respecting the nature and extent of the risks and hazards associated with the program or activity.
- 8) I freely and voluntarily assume the risks and hazards inherent in the nature of the program or activity and understand and acknowledge that I, as a volunteer, may suffer personal and potentially serious injury due to an unforeseeable or fortuitous event.
- 9) If required, I will participate in any preparatory sessions associated with this activity or program.
- 10) I acknowledge that it is my responsibility to advise the Livingstone Range School Division of any medical or health concerns which may affect my participation in that stated program or activity.
- 11) I consent that the Livingstone Range School Division, through its employees, agents and officers at the school may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for my health and safety and that I shall be financially responsible for such advice and services.

Approval

By signing this volunteer registration form, I am agreeing to the conditions outlined above.

Name of Volunteer

Date

Signature

Parent/Guardian signature (if volunteer is under 18 years of age)

Name of Parent/Guardian

Date

Signature

The personal information contained on this form is collected under the authority of the Public Schools Acts, the Education Administration and the Freedom and Protection of Privacy Act for the purposes of participating on school trips. If you have any questions about this form, please contact your school Principal.