Bluewater District School Board



351 1st Ave. N., Box 190, Chesley, Ontario N0G 1L0 (519) 363-2014 or 1-800-661-7509 Fax (519) 370-2909

VOLUNTEER REGISTRATION FORM

PLEASE PRINT IN INK OR TYPE

PERSONAL	
Name	
Current Address	Area Code and Number
	Postal Code
Person to Notify in Emergency	Telephone Area Code and Number
Availability	What would you like to do? What special skills would you like to share?
Time Available: Weekly On-Call	
Mon Tues Wed Thurs Fri	
A.M.	
P.M.	
Date Available to Begin Work	
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Locations(s) Preferred	
Transportation	What Volunteer experience would you enjoy?
What Additional Skills/Interests/Languages Spoken	
What Additional Skins/literests/Languages Spoken	
Applicant's Certification	
I Hereby Agree To:	
Respect the confidentiality of all information that I may	Signature of Applicant
receive regarding any pupils or staff while a volunteer.	
Make a commitment to the time agreed upon.	Date

Personal information on this form is collected under the authority of the Education Act, and will be used in the placement of volunteers. Questions about this collection should be directed to the Principal of the School.