

ASL Translation

Volunteer Agreement Form

Thank you for offering your time and skills to support student learning!

Name of Volunteer:

Reports to:

Criminal Record Check:

Not required for this position

Required and attached

As Supervisor/Manager or designate, I agree to:

- Provide for the orientation and ongoing supervision of the volunteer (in accordance with the APSEA Volunteer Policy).
- Inform the volunteer, where possible, of all schedule changes.
- Ensure that an education professional is responsible for the overall supervision of volunteers. The level of supervision will be based on whether it is a low, medium, or high-risk setting.
- Ensure that, without teacher direction, volunteers are not responsible for the supervision of students or program delivery and are not involved in any evaluation of students or school personnel or program.
- Ensure that volunteers are not given access to personal information regarding students or staff unless it is essential to the performance of their duties.
- Ensure that all forms and personal information collected through the volunteer screening process will be treated as confidential, and will be collected, maintained, used, disclosed, and disposed of appropriately.

As Volunteer, I agree to:

- Perform duties as assigned with no expectation of remuneration.
- Notify the appropriate person as soon as possible if I cannot volunteer at my scheduled time.
- Respect the confidentiality of all information about students and employees; ensure that this information is used only in the context of the volunteer activity and not for any other purpose; and return all personal/confidential information to my supervisor for appropriate storage or disposal.
- Neither discipline nor evaluate students, but report concerns to my supervisor or other appropriate personnel.
- Treat others with dignity and respect.
- Follow dress and behaviour expectations as established by APSEA.
- Abide by all APSEA policies and procedures relating to the volunteer work being undertaken.

I have been made aware that volunteers are insured under the General Commercial Liability Policy while acting at the direction of, and within the scope of their duties for APSEA. I am also aware that APSEA's insurance does not include a loss of income provision should the volunteer sustain an injury that prevents them from resuming normal employment.

Signatures:

Volunteer Signature:

Date:

Supervisor/Manager or Designate Signature:

Date:

Reviewed/Revised: December 2023