## SCHOOL VOLUNTEER INFORMATION

School:	Date:
Name:	
Address:	
Telephone:	Student's Name:
Number of days per month th	nat you wish to volunteer:
Areas in which you wish to vo	olunteer:
Driving: Library: _	Classroom: Extra-curricular:
Other (please specify)	
Areas of expertise:	
Personal and work related cha	aracter references:
Name:	
Address:	
Telephone:	
Name:	
Address:	
Telephone:	
Have you ever been convicted subsequently pardoned?	d of a criminal offence for which you have not been  Yes No
I agree that the information p	rovided on this form is true and accurate.
Volunteer's Signature	
I have reviewed the informati	on on this form.
Principal's Signature	

Modification to this document is not permitted without prior written consent from the Greater Victoria School District.

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