



School District No. 73 (Kamloops/Thompson)

# VOLUNTEER APPLICATION FORM

1383 Ninth Avenue Kamloops, B.C. V2C 3X7 Telephone: (250) 374-0679 Fax: (250) 372-1183

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (B) \_\_\_\_\_ Fax: \_\_\_\_\_

## 1. Previous Volunteer Experience:

School System: \_\_\_\_\_

Community/Other: \_\_\_\_\_

## 2. Personal History:

- a) Have you ever been convicted of a criminal offence?  Yes  No
- b) Do you have any charges pending?  Yes  No

If yes to 2.a) or b), please provide details: \_\_\_\_\_

## 3. Medical:

- a) Do you have any medical condition that may hamper or affect your ability to carry out your activities?  Yes  No
- If yes to 3.a), please provide details: \_\_\_\_\_

## 4. References:

Please provide the names of contact information for two (2) references.

1. \_\_\_\_\_  
Name Relationship Telephone

2. \_\_\_\_\_  
Name Relationship Telephone

***I hereby agree that School District No. 73 (Kamloops/Thompson) may request that a Criminal Records Check be conducted prior to commencing any volunteer activity within the school.***

***I hereby certify that the information given is complete and correct.***

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

School Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_