BRANT CHRISTIAN SCHOOL
Box 130
Brant, AB T0L 0L0
Ph: (403) 684-3752 Fax: (403) 684-3894
Website: www.brantchristianschool.com

Vision Statement:

"Brant Christian School is a unique learning environment committed to academic excellence from a Biblical worldview, assisting parents and the church in preparing graduates of integrity and godliness; ambassadors for Christ and His Kingdom."

VOLUNTEER PACKAGE - 2026-27

Thank you for your consideration of volunteering with Brant Christian School! We appreciate your support and dedication to our school community.

It is important that volunteer forms and all of the required documents are completed and handed into the school office **PRIOR** to the event you will be volunteering for. Thank you.

Documents that are required prior to volunteering at Brant Christian School:

- **CRIMINAL RECORD CHECK with Vulnerable Sector Check** - (if you have not volunteered at Brant Christian School previously your criminal record check must be dated within the last 3 months prior to volunteering) and will be required to be completed every two years after this initial check has been submitted. However, if you know of any changes over this period it is your responsibility to inform our principal. (*Letters can be supplied by the school to receive this at minimal or no cost. Please email catherine.massey@pallisersd.ab.ca to request a letter to take to your local detachment.)*
- Volunteer Registration Form
- Volunteer Consent and Acknowledgement Form
- Declaration of Confidentiality Form
- Volunteer Offence Declaration Form (ONLY if you already have an up to date Criminal Record Check on file with the school. If not, we will require a Criminal Record Check with vulnerable sector check instead)

Volunteer Drivers must also submit:

- Volunteer Automobile Driver Authorization Form with proof of insurance attached
- Volunteer Driver's Abstract Self Declaration Form
- Current Driver's Abstract (obtained at Registry office) - if you do not have one of file with the school already. Please feel free to contact Mrs. Massey to check.

.

Volunteer Drivers - please see Palliser Administrative Procedure 554: Volunteer Drivers for full description of requirements. https://www.pallisersd.ab.ca/board-of-trustees/procedures/5700:

Volunteers under the age of 21 or over the age of 65 are not eligible to be a volunteer driver.

Vehicle public liability & property damage insurance must be $2,000,000, please contact your insurance agent to ensure proper insurance coverage and to make them aware that you will be driving students. The Volunteer Automobile Driver Authorization Form must be completed and proof of insurance attached.

Volunteer drivers must be owner & operator of the vehicle being used to transport students and have a valid class 5 drivers license.

Please feel free to contact the school office at 403-684-3752 and leave a voice mail or email catherine.massey@pallisersd.ab.ca with any questions.

Palliser School Division

CLASSROOM VOLUNTEER, COACH AND SUPERVISOR REGISTRATION FORM

VOLUNTEER INFORMATION

School Year: **2026-2027** School Name: **Brant Christian School**

Volunteer Name: _____

Address: _____ Postal Code: _____

Phone Numbers: Home:_____ Cell:_____Work: _____

Email Address: _____

Please list any children or grandchildren registered in the above school.

Name: _____Grade: _____

Name: _____Grade: _____

VOLUNTEER SECURITY DISCLOSURE:

Have you ever been charged or convicted of an offence under the *Criminal Code, Narcotic Control Act, Food and Drug Act,* or *Firearms Act* of Canada, or the criminal laws of any other country? ***(Individuals who have been granted pardons are not required to respond "Yes" to this question).***	☐ Yes ☐ No
Have you ever been the subject of an investigation or order under the Child, Youth and Family Enhancement Act of Alberta or equivalent legislation in any other province or country? (***If you answer "Yes" to this question, you must submit a current Child Welfare Statement along with this form).***	☐ Yes ☐ No
Are there any conditions which might cause concern regarding your suitability as a volunteer?	☐ Yes ☐ No

If the answer to any of the above questions is "Yes" provide details including dates, depositions, and any other pertinent information:

NOTE: "Yes" to any one of the above questions will not automatically exclude an applicant from becoming a volunteer within the Palliser School Division.

RETAIN ORIGINAL AT SCHOOL

Palliser School Division

CLASSROOM VOLUNTEER, COACH AND SUPERVISOR REGISTRATION FORM

CONDITIONS FOR VOLUNTEERS

As a volunteer, be advised of the following conditions:

1. That confidentiality is of the utmost importance in the school setting in order to ensure that the dignity and worth of students, parents, volunteers and staff is honored.
2. That any information collected, used, generated and stored by Palliser School Division including student, instructional, financial or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
3. That you may not disclose, communicate, publish, take, alter, copy, interfere with or destroy any information unless you are specifically authorized to do so by the teacher or principal.
4. That you must notify the principal of any new criminal charges at the time the charge is made or any other situation that calls into question your suitability as a volunteer.
5. That the teaching and administration staffs are responsible for student learning and discipline.
6. That as a volunteer you can assist in enhancing the learning environment by working cooperatively with the school team.
7. That you as a volunteer you are responsible to the Principal or teacher for all actions relating to students. You shall NOT:
    a. diagnose the educational needs of students;
    b. prescribe remediation;
    c. evaluate the results of instruction;
    d. carry out any instructional responsibilities unless under the direct supervision of a teacher;
    e. disclose information about a student(s) or staff member(s) except through appropriate channels.
8. Failure to comply with these conditions or Palliser Regional Schools policies may result in termination of your position as a volunteer.

ACKNOWLEDGEMENT

By signing this volunteer registration form I am agreeing to the conditions outlined above, as well as verifying that all information provided is accurate.

Signature: _____ **Date:** _____

COMPLETE THE FOLLOWING ONLY IF YOUR VOLUNTEER POSITION PUTS YOU IN A POSITION TO BE ALONE WITH STUDENTS:

1. Please list at least two references with whom the school may check:

    Name: _____ Phone_____

    Name: _____ Phone: _____

2. I have submitted a Police Information Check including a Vulnerable Sector Screening Check Yes No

PRINCIPAL APPROVAL

Principal Signature:_____ **Date** (M/D/Y):_____

The personal information contained on this form is collected under the authority of the Education Act, the Education Administration and the Freedom of Information and Protection of Privacy Act for the purpose of serving as a volunteer supervisor/coach of the division. If you have any questions about this form, please contact your school principal.

RETAIN ORIGINAL AT SCHOOL

Palliser School Division

VOLUNTEER CONSENT AND ACKNOWLEDGEMENT FORM

VOLUNTEER INFORMATION

Volunteer Name: _____ School: **BRANT CHRISTIAN SCHOOL**

Check either 1. or 2.

☐ **1.** I will be given the opportunity to participate in the following program or activity (*please specify program*):

a. Name of the Service Provider *(if applicable)* CLASSROOM OR SCHOOL ACTIVITIES

b. Location: Brant Christian School

c. Date: 2026-27 School Year

d. Teacher/Coach/Leader in Charge: Principal and/or applicable Teachers for each activity

☐ **2.** I will be given the opportunity to participate in the following series of off-site activities* for the following program (*please specify program*):

BRANT CHRISTIAN SCHOOL 2026-27 SCHOOL YEAR FIELD TRIP or SPORTS CHAPERONES, VOLUNTEER DRIVER OR COACH

*Attach a list of activities, dates, locations, service providers and name of teacher/coach/leader in charge.

EXPECTATIONS FOR VOLUNTEERS

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

- Review and comply with the requirement of Administrative Procedure 470 - 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 behaviour, 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 appropriately for the off-site activity
- Fulfill their duties as supervisors for the duration of the off-site activity, including evenings and weekends
- Notify the principal of any new criminal charges at the time the charge is made, subsequent to #2 above
- Maintain confidentiality to ensure that the dignity and worth of students, parents, volunteers and school staff is honoured
- Ensure that any information collected, used, generated and stored by Palliser School Division including student, instructional, financial, or administrative information is strictly confidential and not used beyond volunteer duties.

RETAIN ORIGINAL AT SCHOOL

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:

- ☐ 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 Board to the extent that I require and am not, in any way relying solely upon information provided by Palliser School Division respecting the nature and extent of the risks and hazards associated with the program or activity.
- ☐ 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.
- ☐ If required, I will participate in any preparatory sessions associated with this activity or program.
- ☐ I acknowledge that it is my responsibility to advise the Palliser School Division of any medical or health concerns which may affect my participation in that stated program or activity.
- ☐ I consent that Palliser 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.
- ☐ I acknowledge and have been advised that the Principal (or designate) is the supervisor for volunteers.
- ☐ I acknowledge that I have been advised that the Board's liability insurance covers all approved volunteers.
- ☐ I acknowledge that I have been advised that confidentiality is of utmost importance and that I have read and signed the Volunteer Confidentiality Form.

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

Name (print): _____

Signature: _____ **Date** (M/D/Y)**:** _____

Parent/Guardian signature [if the volunteer is under 18 years of age]:

Name (print): _____

Signature: _____ **Date** (M/D/Y): _____

PRINCIPAL APPROVAL

Principal Signature:_____ **Date** (M/D/Y): _____

The personal information contained on this form is collected under the authority of the Education Act, the Education Administration and the Freedom of Information and Protection of Privacy Act for the purpose of serving as a volunteer supervisor/coach of the division. If you have any questions about this form, please contact your school principal.

Palliser School Division
VOLUNTEER OFFENCE DECLARATION FORM

VOLUNTEER INFORMATION

Volunteer Name: _____

Volunteer Activity: 2026-27 SCHOOL YEAR CLASSROOM, FIELD TRIP OR COACH OPPORTUNITES

VOLUNTEER DECLARATION

I DECLARE, since the last criminal record check collected by this Board or since the last Offence Declaration given by me to this Board, that:

☐ I have no convictions under the Criminal Code of Canada up to and including the date of this declaration for which a pardon has not been issued or granted under the Criminal Records Act (Canada).

OR

☐ I have been convicted of the following criminal offences under the Criminal Code of Canada for which a pardon under Section 4.1 of the Criminal Records Act (Canada) has not been issued or granted to me. (*If applicable, list offences below.*)

List of Offences:

1. Date: _____

   Court Location: _____

   Conviction: _____

2. Date: _____

   Court Location: _____

   Conviction: _____

(Use an additional page if necessary)

DATED at _____ this_____day of _____ , 20_____
(City/Town) (Day) (Month) (Year)

Volunteer Signature:_____

The personal information contained on this form is collected under the authority of the Education Act, the Education Administration and the Freedom of Information and Protection of Privacy Act for the purpose of serving as a volunteer supervisor/coach of the division. If you have any questions about this form, please contact your school principal.

RETAIN ORIGINAL AT SCHOOL

Palliser School Division

VOLUNTEER CONFIDENTIALITY FORM

VOLUNTEER INFORMATION

Volunteer Name: _____

School: BRANT CHRISTIAN SCHOOL

DECLARATION OF CONFIDENTIALITY

I promise that I will maintain confidentiality with respect to information regarding all students or employees of Palliser School Division. I understand that disclosure on my part of any such privileged information may be cause for the removal of my status as an approved volunteer in the Palliser School Division.

ACKNOWLEDGEMENT

IN WITNESS WHEREOF this _____ day of _____, 20____, I hereby acknowledge that I have read, understand and accept the above responsibility as a Palliser School Division volunteer.

Signature: _____

WITNESS:

Name: _____ (please print)

Signature: _____

The personal information contained on this form is collected under the authority of the Education Act, the Education Administration and the Freedom of Information and Protection of Privacy Act for the purpose of serving as a volunteer supervisor/coach of the division. If you have any questions about this form, please contact your school principal.

Palliser School Division

VOLUNTEER AUTOMOBILE DRIVER AUTHORIZATION FORM

APPROVAL FOR CURRENT SCHOOL YEAR ONLY; RE-SUBMIT ANNUALLY

Volunteer drivers must inform their insurance company of their intention to use their automobile and act as volunteer drivers for Palliser School Division activities. ***Most insurance companies do not require an additional premium charge (or more than a nominal charge) because this service is classified as occasional and is not done for compensation.***

- *A minimum of $2,000,000 public liability and property damage coverage must be in force on the automobile insurance before a volunteer driver may use his/her vehicle to transport students*
- *A current driver's abstract has been provided to the school.*
- *Be aware that the school board's Excess Automobile Liability insurance comes into effect only after the vehicle owner's primary Third Party Liability insured limit has been exhausted.*

Volunteer Driver is defined as any person authorized by the school board who has agreed to be a driver for a certain trip while they are driving their own or another licensed motor vehicle. This includes, but is not limited to: Trustees, employees, teachers, parents, volunteers, and officials of the school board.

Note: Palliser School Division does not provide liability insurance protection for individual drivers, beyond that provided under the driver's own automobile insurance while the volunteer drivers are transporting students in their own automobiles on a school-sponsored activity or function.

VOLUNTEER INFORMATION

SCHOOL: BRANT CHRISTIAN SCHOOL

VOLUNTEER DRIVER'S NAME: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE NO.:_____ DATE OF BIRTH:

_____ DRIVER'S LICENSE NO.: _____ CLASS: _____ EXPIRY DATE:

_____ NAME OF INSURANCE COMPANY:

_____ INSURANCE POLICY NO.:

_____ EXPIRY DATE: _____ INSURANCE AGENT:

_____ VEHICLE(S)

DESCRIPTION: MAKE(S): _____ MODEL(S): _____ LIC Plate#_____

NAME(S) OF STUDENT(S) BEING DRIVEN BY VOLUNTEER: _____

RETAIN ORIGINAL AT SCHOOL

DECLARATION OF DRIVER

- I declare that I hold an unrestricted driver's license and am authorized to drive in Alberta, and my vehicle is insured by a valid automobile liability insurance policy as required by Alberta law.
- I declare that I am at least 21 years of age.
- I declare that the vehicle described above is mechanically fit and that there are seat belts in working condition for all passengers.
- I agree to abide by the laws of the Province of Alberta with respect to the operation of a motor vehicle.

Signature:_____ **Date** (M/D/Y):_____

PRINCIPAL APPROVAL

Principal Signature: _____**Date** (M/D/Y):_____

The personal information contained on this form is collected under the authority of the Education Act, the Education Administration and the Freedom of Information and Protection of Privacy Act for the purpose of serving as a volunteer supervisor/coach of the division. If you have any questions about this form, please contact your school principal.

Palliser School Division

VOLUNTEER DRIVER SELF DECLARATION FORM

VOLUNTEER INFORMATION

Volunteer Name:

_____

Volunteer Activity: 2026-27 SCHOOL YEAR VOLUNTEER DRIVER with BRANT CHRISTIAN SCHOOL

VOLUNTEER DECLARATION

I DECLARE, since the last Driver's Abstract collected by Brant Christian School, that:

I have no further driving infractions, demerit points or suspensions, to and including the date of this declaration.

List of Offences:

1. Date: _____

   Description: _____

2. Date: _____

   Description: _____

(Use an additional page if necessary)

DATED at _____ this_____day of _____ , 20_____
(City/Town) (Day) (Month) (Year)

Volunteer Signature:_____

The personal information contained on this form is collected under the authority of the Education Act, the Education Administration and the Freedom of Information and Protection of Privacy Act for the purpose of serving as a volunteer supervisor/coach of the division. If you have any questions about this form, please contact your school principal.

RETAIN ORIGINAL AT SCHOOL