

Royal Canadian Mounted Police
Mission Detachment
7171 Oliver Street
Mission, BC V2V 6H2

To Whom It May Concern:

Re: Mission Public Schools Volunteer Criminal Record Check

This is confirmation that the individual requesting a Criminal Record Check, if cleared, will be working as a volunteer with Mission Public Schools in one or more of the following locations (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Albert McMahon Elementary | <input type="checkbox"/> Cherry Hill Elementary |
| <input type="checkbox"/> Christine Morrison Elementary | <input type="checkbox"/> Dewdney Elementary |
| <input type="checkbox"/> Deroche Elementary | <input type="checkbox"/> Edwin S. Richards Elementary |
| <input type="checkbox"/> Hatzic Elementary | <input type="checkbox"/> Hillside Traditional Elementary |
| <input type="checkbox"/> Mission Central Elementary | <input type="checkbox"/> Silverdale Elementary |
| <input type="checkbox"/> Silverdale Elementary | <input type="checkbox"/> Edwin S. Richards Elementary |
| <input type="checkbox"/> West Heights Elementary | <input type="checkbox"/> Windebank Elementary |
| <input type="checkbox"/> Hatzic Middle | <input type="checkbox"/> Heritage Park Middle |
| <input type="checkbox"/> Mission Secondary | <input type="checkbox"/> Fraserview Learning Centre |
| <input type="checkbox"/> Riverside College | <input type="checkbox"/> Summit Learning Centre |

In their role as a volunteer, the individual will potentially be working in close proximity with children in the school, classroom, home and outside of the school on arranged field-trips.

If you have any questions, please do not hesitate to contact me at 604-826-6286 ext 3709.

Yours truly,

Crystal Ozaraci
Human Resources Coordinator
CUPE & Occupational Health & Safety
(604) 826-6286 ext. 3709
Crystal.ozaraci@mpsd.ca

School Volunteer Application



This form needs to be completed for each school year that an individual applies to be a volunteer.

Volunteer Name: _____
(Last) (First)

Student Name: _____

Contact Information

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Proposed Activity(ies) (team, club, class or activity): _____

Relevant Experience: _____

Formal Training / First Aid qualifications: _____

Criminal Records Check:
This form is provided to volunteers whose participation in a school activity may involve the volunteer having unsupervised access to students of the school. The information is requested to ensure the suitability of persons having contact with students. Information which is provided will be maintained on a strictly confidential basis.

I will produce a Criminal Record Check: Yes No
Relationship in the School: Parent Community Member Other

The Mission Public School District provides Accident and Liability Insurance to protect volunteers while acting for the School District. Please see your Principal and/or Vice-Principal for details.

I accept all of the risks and the possibilities of personal injury or property damage resulting from my volunteer activities.

Volunteer Signature Date

SCHOOL ADMINISTRATIVE USE ONLY	
Criminal Record Check Completed, if required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff Sponsor: _____ Print Name	_____ Signature
Screening/Interview Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Principal/Vice-Principal Approval: _____	
Date Approved: _____	