



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: _____