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## **GSTS Volunteer Package**

The staff at Glendale Sciences and Technology School appreciates the willingness, talents and time that parents contribute to helping children succeed at school. Our focus in partnering with volunteers is enhancing our students' experiences and many unique learning opportunities and memories could not be created without them. In this, GSTS volunteers are incredibly important to our school.

As of March 2022, all adults (18 or older on September 1 of a school year) who serve as volunteers in a school or at school-sponsored activities and who will be interacting with students in an **unsupervised location** either within or outside of the school must provide the Principal with the following prior to beginning service as a volunteer:

1. Completed **GSTS SCHOOL VOLUNTEER REGISTRATION FORM**,
2. **POLICE INFORMATION CHECK** (formerly known as a Criminal Record Check) including **VULNERABLE SECTOR CHECK**,
3. Completed **FOIP ACKNOWLEDGEMENT AND UNDERSTANDING FORM**,
4. Two **WRITTEN REFERENCES**, that attest to an individual's suitability, and
5. Completed **PRINCIPALS' DECLARATION TOWARDS VOLUNTEER APPLICATION**.

All adult individuals (18 or older on September 1 of a school year), who serve as volunteers in a school or a school-sponsored activity **under the direct supervision of school personnel** (in a classroom or at a school event where school staff are also in attendance) must provide the Principal with the following prior to beginning service as a volunteer:

1. Completed **GSTS SCHOOL VOLUNTEER REGISTRATION FORM**,
2. **POLICE INFORMATION CHECK** (formerly known as a Criminal Record Check),
3. Completed **FOIP ACKNOWLEDGEMENT AND UNDERSTANDING FORM**,
4. Two **WRITTEN REFERENCES**, that attest to the individual's suitability to serve as a school volunteer. At least one of these references must be prepared by a school official.
5. Completed **PRINCIPALS' DECLARATION TOWARDS VOLUNTEER APPLICATION**.

Please understand that, although these measures will involve a small amount of work on your part, we believe that they will go a long way to enhancing the safety of your children. To make it as easy as possible for you to meet these requirements, we have created this **Volunteer Package** and have attached the above requirement documents to this letter.

Thank you for your willingness to serve as a GSTS volunteer and for your understanding in meeting these safety requirements.

Most sincerely,  
Sandre Bevan, Principal



**Glendale Sciences and Technology School**  
6375 - 77 Street • Red Deer, AB, Canada T4P 3E9  
tel (403) 340-3100 • fax (403) 343-3110  
email: paula.triffo@rdpsd.ab.ca

**Principal:** S. Bevan  
**Vice Principal:** J. Plackner  
**Office Secretary:** D. Rumohr  
**Finance Secretary:** P. Triffo

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## **GSTS Volunteer Registration Form**

Thank you for your willingness to serve as a volunteer at our school. Please be assured that it is greatly appreciated and that it will contribute greatly to enhanced learning experiences for our students/children.

Name of Volunteer: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Please sign below if you are willing for the information above, as well as any information, documentation and references you provide in this **Volunteer Package**, be kept in confidence at GSTS for **five (5) years**, and to only be exclusively shared in confidence with other schools in RDPSD.

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

Date: \_\_\_\_\_



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**GSTS Request for a POLICE INFORMATION CHECK  
(including Vulnerable Sector Check where applicable as noted on page 1)**

To The Royal Canadian Mounted Police (RCMP),

Please be advised that the individual named below wishes to serve as a volunteer at **Glendale Sciences & Technology School**. In accordance with the administrative procedures of Red Deer Public School District, they are required to provide the school administration with a **Police Information Check**, including a **Vulnerable Sector Check**.

The individual named below therefore requests that the requested **Police Information Check**, including a **Vulnerable Sector Check**, be completed and that a copy be provided to them.

Name of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

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## **Freedom of Information and Protection of Privacy Act (FOIP)**

### **Acknowledgement and Understanding**

Glendale Sciences & Technology School, (GSTS) is subject to the requirements of the **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT**.

This requires us to **safeguard the personal information of students, parents and staff**.

Personal information includes, but is not limited to:

- Details concerning individuals addresses and phone numbers,
- Students academic outcomes,
- Student learning needs,
- Student, parent and staff behaviour,
- Student, parent and staff home circumstances.

As such, **EMPLOYEES** and **VOLUNTEERS** are **OBLIGED** to preserve the confidentiality of any personal information they receive, as listed above. Such confidential information shall **NOT** be disclosed, discussed, or shared with unauthorized individuals (non-RDPSD staff members), nor used for personal gain.

In signing below, as a volunteer, you acknowledge and understand the above, and will respect the confidentiality protocol established by it.

Name of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_



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## **GSTS Volunteer Reference Form #1**

Name of Volunteer Applicant: \_\_\_\_\_

Name of Reference Provider: \_\_\_\_\_

Phone # of Reference Provider: \_\_\_\_\_

Number of years for which you have known the volunteer applicant: \_\_\_\_\_

How do you know the volunteer applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby confirm that, to the best of my knowledge, it is appropriate for the volunteer applicant to serve as a volunteer in a school setting in which they may have an opportunity to interact with students.

I also hereby consent for this information to be shared with other RDPSD schools.

Signature of Reference Provider: \_\_\_\_\_

\_\_\_\_\_



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## **GSTS Volunteer Reference Form #2**

Name of Volunteer Applicant: \_\_\_\_\_

Name of Reference Provider: \_\_\_\_\_

Phone # of Reference Provider: \_\_\_\_\_

Number of years for which you have known the volunteer applicant: \_\_\_\_\_

How do you know the volunteer applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby confirm that, to the best of my knowledge, it is appropriate for the volunteer applicant to serve as a volunteer in a school setting in which they may have an opportunity to interact with students.

I also hereby consent for this information to be shared with other RDPSD schools.

Signature of Reference Provider: \_\_\_\_\_

\_\_\_\_\_



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## **Principal's Declaration Towards Volunteer Application**

To Be Completed by School Administration ONLY

Name of Volunteer: \_\_\_\_\_

School: **Glendale Sciences & Technology School (GSTS)**

Principal: **Sandre Bevan**

I have reviewed details concerning the accompanying **GSTS Volunteer Package**.

Accordingly,

I authorize this individual to serve as a school volunteer with no specific restrictions other than those which apply to all school volunteers.

I authorize this individual to serve as a school volunteer with the following specific restrictions to be in effect:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do not authorize this individual to serve as a school volunteer at this time.

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_