



**STETTLER ELEMENTARY SCHOOL**  
**Working Together To Empower Leaders**



4808-54 Street  
Stettler, AB T0C 2L2  
Phone: (403)742-2235  
Fax: (403)742-5701

Principal: Sharon Fischer  
Vice-Principals: Jeff Lee, Kate Syson  
Administrative Assistant: Patti Sawula  
Office Manager: Leila Ternes

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January 17, 2017

Dear Grade Six Camp Volunteers,

Looking ahead to the 2017 Grade 6 Camp Trip, we are wanting to be sure and prepare any potential parent volunteers for some necessary paperwork. Clearview Public Schools now requires parent volunteers who spend more than 10 hours volunteering through the year, and parents that spend overnight trips with students, to do the following:

1. Complete a Volunteer Registration Form
2. Sign a confidentiality agreement
3. Provide a Consent for Disclosure of Criminal Record Information form (commonly referred to as a "Criminal Record Check")
4. Provide an Intervention Record Check (commonly referred to as a "Child Welfare Check")

The fee that is normally charged to have the records check completed is waived because the school is a non-profit organization. Please take the attached "Request to Waive fees for Consent of Disclosure of Criminal Record Information" form with you to the police station (along with photo identification) to have the fees waived. There is no fee to have the Intervention Record Check completed at the Child and Family Services office (4705-49 Ave.).

Although the trip is not scheduled until June 26 to June 29, it may be necessary to start the process of gathering documents as early as possible. Criminal Record Checks can take as long as three months or more to be completed by the R.C.M.P. detachment.

If you have any questions regarding this process, please contact the school at 403-742-2235.

Sincerely,

Jeff Lee  
Vice Principal



**Clearview School Division No. 71**  
(Clearview Public Schools)

**Volunteer Registration Form for Volunteers and Volunteer Community Coaches**

Clearview School Division No. 71 (Clearview Public Schools) appreciates the services of all its volunteers. In order to ensure the safety of Division students, all volunteers in our schools need to be registered. A volunteer is someone who assists the school and/or students in curricular and/or extracurricular activities. It does not include Division employees from other schools, guest speakers, presenters, special visitors to the school, or school council members in their position as school council members. The information collected on this form will be held in confidence as required by the *Freedom of Information and Protection of Privacy Act* (FOIP). If you are under 18 years of age, your parent or guardian must sign this form.

Name of School: Stettler Elementary School

Name of Coaching Activity (if applicable) Grade 6 Camp 2017

Name: Mr./Mrs./Ms. \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

Do you have siblings, children or grandchildren registered in this school? Yes \_\_\_  
No \_\_\_ if yes, please list by name and grade:

\_\_\_\_\_

Please provide the names of two references that can be contacted by the school.

Name / Contact # \_\_\_\_\_

Name / Contact # \_\_\_\_\_

Have you completed the Consent for Disclosure of Criminal Record Information form (commonly referred to as a "Criminal Record check")? Yes \_\_\_ No \_\_\_

Have you completed an Intervention Record Check (commonly referred to as a "Child Welfare check")? Yes \_\_\_ No \_\_\_

Please be advised the Board requires that a **Consent for Disclosure of Criminal Record Information** and an **Intervention Record Check** for volunteer community coaches be provided to the school. Prospective volunteers shall be provided with a letter (Request to Waive Fees for **Consent for Disclosure of Criminal Record Information** form) explaining the purposes of the **Consent for Disclosure of Criminal Record Information**.



**Clearview School Division No. 71**  
(Clearview Public Schools)

**Volunteer Confidentiality Form**

Date \_\_\_\_\_

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

**School:** \_\_\_\_\_

**DECLARATION OF CONFIDENTIALITY**

I promise that I will maintain confidentiality with respect to information regarding all students/families or employees of Clearview School Division No. 71 (Clearview Public Schools). 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 Clearview School Division No. 71 (Clearview Public Schools).

IN WITNESS WHEREOF this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I hereby acknowledge that I have read, understand and accept the above responsibility as a Clearview School Division No. 71 (Clearview Public Schools) volunteer.

**WITNESS**

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

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

*(Please print)*

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



**Clearview School Division No. 71**  
(Clearview Public Schools)


**Request to Waive Fees for Consent for Disclosure of Criminal Record Information**

Date January 17 / 2017

Please be aware that \_\_\_\_\_ has applied for a position as a volunteer with Stettler Elementary School. According to the policy of Clearview School Division No. 71 (Clearview Public Schools), all applicants for such positions must provide the results of a **Consent for Disclosure of Criminal Record Information**.

In acknowledgement of our work as a non-profit organization, we request that you waive the fee for this service. If you have any questions in regard to this request please contact the undersigned at the number below. Thank you for your assistance in this matter.

Yours truly,

Signature: 

Name of Principal/Designate: Jeff Lee. Vice Principal

Phone: 403-742-2235

Fax: 403-742-5701

**Note to applicant: This form must be presented to your local police department with photo identification.**