



## Holy Trinity Catholic School

6610 - 57 Street

Olds, Alberta

T4H 0E1

P: 403.556.9444 F: 403.556.2880

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Dear Volunteer,

Thank you for taking the time to volunteer in our school and going through this process to ensure the safety of our students.

If your Criminal Record check should result in one of the boxes checked as “May or May not” you will need to meet with the school Principal.

Please do not hesitate to call the school 403-556-9444 if you have questions.

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

To Whom It May Concern,

RE: \_\_\_\_\_

This letter is to confirm that the above-mentioned person is wishing to volunteer their services with a school in Red Deer Catholic Regional Division #39. As per Division policy, it is now a requirement that all persons working with students within our division must have a Criminal Record Check completed.

Trusting this is in order.

Sincerely,

Michael Cellini  
Principal

### VOLUNTEER REGISTRATION FORM

Red Deer Catholic Regional Division No. 39 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 either in curricular 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

Please complete this form to enable the school in which you are volunteering to exercise control over who should or should not be involved with the children. The information collected on this form will be held in confidence as required by the Freedom of Information and Protection of Privacy Act.

If you are under 18 years of age your parent or guardian must sign this form.

**Name of school:** Holy Trinity Catholic School

**Name:**

Mr./Mrs./Ms. \_\_\_\_\_  
(Surname) (Given Names)

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

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

Do you have siblings, children or grandchildren registered in this school? **Yes** \_\_\_ **No** \_\_\_

If yes, please list by name and grade:

Name	Grade
_____	_____
_____	_____
_____	_____

**A security clearance is required before a volunteer position is confirmed.**

Have you completed a security clearance application? **Yes** \_\_\_ **No** \_\_\_

## CONFIDENTIALITY UNDERTAKING FOR VOLUNTEERS

I, \_\_\_\_\_ agree to act as a volunteer with Red Deer Catholic Regional  
(name)  
Division (RDCRD No. 39) with the understanding that:

- I shall keep confidential all personal and confidential information which I may access or become aware of in the course of my service;
- I shall not disclose any such information acquired in the course and scope of fulfilling my duties or working with students and staff to any individual without authorization from RDCRD No. 39;
- I shall not disclose any personal information from any individuals without being expressly authorized by RDCRD No. 39 in advance to do so;
- Any records created by me in the course of my volunteer duties are the property of RDCRD No. 39;
- I shall relinquish to RDCRD No. 39 all control of any such records immediately upon completion of my service.

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Information collected shall remain in the school and retained in accordance with the Freedom of Information and Protection of Privacy Act. Only the school principal or person designated by the principal will have access to the information.**