

École R. W. Bobby Bend School Volunteer Manual

Thank you for your willingness to volunteer at École R. W. Bobby Bend School. This handbook has been prepared to assist our volunteers and provide guidance during your volunteer experience.

Effective September 6, 2023

Prior to volunteering, all Volunteers must complete the following:

Volunteer Documents Requirements:

- Child Abuse Registry Check
- Criminal Records Check
- Pledge of Confidentiality
- Volunteer Agreement
- Respect in School Course
- ICT Acceptable Use Agreement
If applicable
- Volunteer Orientation

RWBB School Schedule:

8:30 am – Student Entry
8:45 am – Announcements
8:50–10:40 – Teaching Block One
10:40–11:20 – Nutrition/Activity
Break #1
11:20 – 1:10 Teaching Block Two
1:10 – 1:50 Nutrition/Activity
Break #2
1:50–3:10 Teaching Block Three
3:15 – Bus Student Dismissal
3:25 – Town Dismissal

École R. W. Bobby Bend School

377-2nd Avenue North
Stonewall, MB
ROC 2Z0
204-467-5537
Email: rwbb@isd21.mb.ca
Website: erwbb.interlake.ca

- Child Abuse Registry Check: All volunteers working in our school will be required to complete a Child Abuse Registry Check Form. The form is to be completed and returned to the school so it can then be submitted to the Provincial Child Abuse Registry. Please note that the presence on the Child Abuse Registry will exclude an applicant from placement as a volunteer. RWBB will notify all volunteers when the approved checks have been received.
- Criminal Record Check: All volunteers will be required to complete a Criminal Record Check form. Applicants must complete the forms at their local RCMP office. The fee for this service will be waived when accompanied by a letter from the school confirming the check is for volunteer purposes. Please pickup this letter at the school prior to submitting your forms to the RCMP. Once approved by the RCMP, the form is to be returned to the school by the volunteer. The disclosure of a criminal record may not necessarily preclude an applicant from consideration for placement as a volunteer, but disclosure of a sexual offence will exclude an applicant from placement.
- Pledge of Confidentiality & Volunteer Agreement: All volunteers will be required to sign the Pledge of Confidentiality form and Volunteer Agreement. Confidentiality is of the **utmost** importance.
Please do not discuss:
 - Student performance
 - Teachers
 - School policies
 - Your own reactions to the school situations with anyone other than staff with whom you are working.
 - Please do not discuss the progress of the children with whom you are working.
 - All reporting to parents is the responsibility of the teachers and must not be undertaken by volunteers.
 - If a parent does contact you, simply refer the parents to the child's teacher.

Pledge of Confidentiality & Volunteer Agreement continued ...

- Respect in School Online Course: All Volunteers must complete this online course. Once completed, you can print the certificate of completion and hand it into the office with the rest of your volunteer documentation. You can access the course at: https://mbed-school.respectgroupinc.com/koala_final/
- ICT Acceptable Use Agreement: If applicable, volunteers will be required to read the ISD Responsible Use of Information and Communication Technologies. Volunteers will agree to comply with all guidelines and regulations.

Procedures and Protocols

1. Sign In/Out Procedures: All volunteers are asked to sign in upon arrival and sign out prior to leaving. The School Sign-in/Sign-out binder is located in the office.
2. Disclosure: If a child should disclose to you, information regarding any form of abuse, you are required by law to report this information to the authorities. Please inform the principal and he/she will assist you in handling the situation. This information is to remain confidential and not discussed with anyone.
3. Inappropriate Behaviour/Discipline Procedures: Volunteers always work under the supervision of teachers. Disciplining students is not the role of the volunteer. If at any time, while you are volunteering in the school, school activity/trip, you hear offensive comments or observe inappropriate behaviour; you are to intervene. Intervention includes immediately bringing the incident to the attention of the classroom teacher or administrators. Volunteers must not touch or intervene in any physical manner to stop inappropriate behaviour. Physical intervention would be permitted to prevent an assault or to separate the participants in an altercation. We ask that, as volunteers, you model respect and consideration for everyone in the building or school activity.
4. Emergency Preparedness Procedures: Volunteers should become familiar with the following Emergency Procedures by having a conversation with the classroom teacher to become familiarized with Fire Drills, Lockdowns, Hold and Secure, Evacuate, Code Homeroom, Shelter in Place, and Tornado.

Nothing teaches hope, kindness, courage,
and compassion like helping others. Thank
You for Volunteering!

Volunteers:

- Help students in their learning
- Build a caring and supportive rapport to help provide positive learning experiences at school
- Praise and encourage students
- Commit to being punctual and present for your volunteer time
- Follow instructions as provided by the teacher
- Speak directly to the teacher about concerns or questions






Remember to be:

- *Honest – in your approach and attitude. It will aid in developing trust.*
- *Patient – when working with students, especially when they are having difficulty.*
- *Flexible – in responding to the needs of students.*
- *Kind – a smile goes a long way in building relationships.*
- *Respectful – treat individuals in the same manner you wish to be treated.*
- *Confidential – it is very important that what is observed in the classroom and school remains confidential and student performance or behaviour is not to be discussed with non-staff.*

Volunteer are not responsible for:

- Disciplining students
- Evaluating student achievement
- Counselling students
- Diagnosing student needs or medical conditions
- Discussing student progress and/or behaviour with non-staff
- Accessing student information

IN AN EMERGENCY

| | |
|---|--|
|  | <p>LOCKDOWN</p> <ul style="list-style-type: none">▪ Move out of sight▪ Be quiet and keep still▪ Don't open the door even if the fire alarm sounds |
|  | <p>HOLD AND SECURE</p> <ul style="list-style-type: none">▪ Stay inside▪ Outside doors are locked – no entry or exit▪ Learning continues |
|  | <p>EVACUATE</p> <ul style="list-style-type: none">▪ Leave your belongings behind▪ Exit the building▪ Follow instructions |
|  | <p>SHELTER IN PLACE</p> <ul style="list-style-type: none">▪ Stay inside▪ Follow instructions |
|  | <p>TORNADO</p> <ul style="list-style-type: none">▪ Stay inside▪ Gather in designated safe area |



Interlake School Division
192 2nd. Ave. N
Stonewall, Manitoba
R0C 2Z0
Phone 204-467-5100
Fax 204-467-8334

PLEDGE OF CONFIDENTIALITY

As an employee/volunteer of the Interlake School Division, I acknowledge and understand that I may/will have access to personal health information about others, including students, the confidentiality and protection of which is governed by The Personal Health Information Act (the Act).

I further acknowledge and understand that the Interlake School Division has established written policies and procedures containing provisions for the security of personal health information in the Division's possession during its collection, use, disclosure, storage and destruction, provisions for the recording of security breaches, and corrective procedures to address security breaches.

I further acknowledge that I have been provided orientation and that I have received or will receive ongoing training about these policies and procedures.

I acknowledge that I am bound by the policies and procedures established by the Interlake School Division in accordance with the Act and I am aware that a consequence of breaching them is prosecution under the Act, and/or disciplinary action.

(Date signed)

(Signature)

(Print name and position-Teacher, E.A. etc.)



Interlake School Division
AP 2070-F1 Volunteer Agreement

This form must be completed by all volunteers prior to assignment.

Volunteer Name:

School:

Volunteer Assignment:

- I understand that my involvement in the activities within the school is contingent upon my signing this Agreement.
- I further understand and agree that, once involved in such activities, any breach of this Agreement shall justify discontinuation of my involvement.
- I confirm that I have completed an orientation session on volunteering and understand the expectations outlined to me.
- I agree to abide by these expectations and to seek out my staff supervisor and/or the school Principal if I have any questions.
- I agree to report any concerns to my staff supervisor and/or the school Principal.
- I confirm that I have completed the Respect in School training program.
- I confirm that I have signed a Pledge of Confidentiality Form.
- I confirm that I have signed an ICT Acceptable Use Agreement - Volunteers
- I confirm that I have done the necessary Criminal Record/Vulnerable Check and Child Abuse Registry Check. If there is *any* change (charged with an offense; being investigated for abuse, etc.), I am responsible for reporting such immediately to the school Principal.
- I will not disclose or give to any person any information or document that comes to my knowledge or possession by reason of my being involved in activities within the school and/or Interlake School Division, except as I may be legally required.

Volunteer Signature:

Date:

Principal Signature:

Date:

This form is to be kept on file at the school.



AP 2070-F2 Interlake School Division
ICT Acceptable Use Agreement - Volunteers

All volunteers are required to complete an ICT Acceptable Use Agreement - Volunteers before receiving access to the Division or school ICT resources.

I have read the Interlake School Division Administrative Procedure 3140 entitled Responsible Use of Information and Communication Technologies - Employees and agree to comply with all guidelines and regulations.

I understand my responsibilities pertaining to the use of ICT resources.

I understand that any violation of the conditions, rules and guidelines set out in the Administrative Procedure will result in a loss of privileges and/or other consequences deemed necessary.

I agree to use ISD ICT resources in a responsible and ethical manner and consent to the disclosure by ISD of certain "personal information" as defined in The Freedom of Information and Protection of Privacy Act (FIPPA), (including the user's name, home address, e-mail address, school and any other information that may be relevant to the particular case) to the appropriate authorities. This may include the ISD and, in extreme cases, the police.

Name: _____

Signature: _____

Date: _____



Application for a Child Abuse Registry Check by Employers and Others

Application pursuant to Section 19.3(3.1) of *The Child and Family Services Act* for access to the Child Abuse Registry

Part 1 Consent to Collection & Disclosure of Information and Results

I understand that the Applicant is obtaining my personal information (including, if necessary for identification purposes, my Manitoba Health Reg. No.) described in Part 2 B to disclose this information to the Director of Child and Family Services (the Director) so that the Director can conduct a Child Abuse Registry check on me. I understand that my personal information is being collected under the authority of subsection 37(1) of *The Freedom of Information and Protection of Privacy Act* and that my personal health information, if any, is being collected under the authority of subsection 14(1) of *The Personal Health Information Act*.

I understand that the Director will also use this information to update the Manitoba Child and Family Services Information System (CFSIS) and the Intake Module (IM) (collectively known as CFSA).

I understand that the results of the Child Abuse Registry check will disclose whether my name is listed on the Registry and that the Director will disclose these results to the Applicant.

I understand that the disclosure of the results of the check to the Applicant is authorized under Section 19 of *The Child and Family Services Act* and is the minimum amount of information necessary to accomplish the purpose(s) specified in Part 2 A-2.

I understand that the Applicant requires the results of the Child Abuse Registry check for the purpose(s) specified in Part 2 A-2. This information will be available to employees or agents of the Applicant only on a need to know basis.

I understand that the Applicant will use the information only for the above purpose(s) unless use for another purpose is authorized or required by law.

I understand that the Applicant will not further disclose the results of the Child Abuse Registry check without my written consent unless authorized or required to do so by law.

I understand that the Director will release no other information without my written consent unless the Director is authorized or required to do so by law.

I understand that I may revoke this consent to the collection and disclosure of information and results by written statement at any time prior to the information being released under this consent.

I acknowledge that a photocopy of this signed consent is sufficient to allow for the disclosure of the information requested.

Consent below is limited to this application only and becomes effective on the date signed. This consent expires six months from the effective date.

I hereby consent to the collection of information in Part 2 B by the Applicant, its disclosure to the Director and the disclosure of the results of the check, described in Part 2 C, by the Director to the Applicant.

DATE: _____ SUBJECT'S SIGNATURE: _____

If you have any questions about the collection and disclosure of your personal information, you should contact the Child Abuse Registry at (204) 945-6967.

Application for a Child Abuse Registry Check by Employers and Others

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Part 2 Information and Results

SECTION A — Access by EMPLOYERS AND OTHERS (to be completed by the Employer/Other)

A-1 Applicant's Mailing Label. Please print all information clearly.

| |
|------------------------------------|
| Mrs. Margaret Ward, Superintendent |
| Interlake School Division |
| 192 – 2nd Avenue North |
| Stonewall MB R0C 2Z0 |

| | | |
|----------------|------------------|---------------------------|
| _____ | _____ | _____ |
| Contact Person | Telephone Number | Office / Program / School |

A-2 Purpose of Registry Check: (Please check at least one of the following)

- To assess the Subject of this check:
 - Whose work, whether paid or unpaid, involves or may involve the care, custody, control or charge of a child
 - Whose work, whether paid or unpaid, permits or may permit access to a child
 - Who, on behalf of an agency or the holder of a foster home licence, works directly with foster children for 10 or more hours per week and who may have unsupervised access to foster children [M.R. 18/99 s. 18(1)(c)]

A-3 Position: Volunteer Paid Staff Other
 Briefly describe position: General School Volunteer

A-4 Applicant Authorization: ACCESS CODE: 39J-93

Signature of Applicant staff who verified Subject's identification _____ Applicant's Signature (Executive Director or Supervisor) _____

NOTE: There is a non-refundable fee of \$20.00 per application. Please refer to Part 3 for fee payment details.

SECTION B — SUBJECT'S INFORMATION (to be completed by the person being checked) (PLEASE PRINT CLEARLY)

B-1 Name: _____
Surname Given Name Middle Name

Previous and Other Names:

- a) Maiden Name: _____
- b) Legal Name Change: _____
- c) Also Known As: _____
- d) Other Names Known by: _____

B-2 Birth Date: Month _____ Day _____ Year _____ B-3 Male Female

B-4 Current Address: _____ City: _____
 Postal Code: _____ Telephone: (_____) _____

B-5 Previous addresses for a minimum of 5 years: _____

B-6 IDENTIFICATION: I have chosen and presented two (2) pieces of identification that have been verified by the Applicant in A-4:

SIN No. _____ MHSC No. (6 digit) _____
 Band and Status No. _____ Driver's Licence: _____
 Passport or Birth Certificate No. _____ Other (please identify) _____

B-7 I hereby authorize the Director of Child and Family Services to search the Manitoba Child Abuse Registry to determine if my name is listed on the Registry. I hereby give my consent for the release of this information in writing to the applicant in A1 for purposes identified in A-2 and Part 1.

Date: _____ SUBJECT'S SIGNATURE: _____

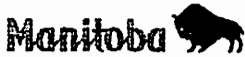
SECTION C — MANITOBA CHILD ABUSE REGISTRY RESULTS (to be completed by the Director of Child and Family Services)

Office Use Only

This is to certify that as of the date indicated in this section, the subject:

- IS NOT listed on the Manitoba Child Abuse Registry DATE: _____
- IS LISTED on the Manitoba Child Abuse Registry _____
 Director of Child and Family Services or Designate

Note: The name of a young offender (under 18) may not appear on the CAR due to the non-disclosure provisions of *The Young Offenders Act* or *The Youth Criminal Justice Act*. The Applicant shall not use or disclose the personal (health) information provided by the Subject except for the purpose(s) stated in Part 1 and Part 2.



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Part 3 Fee Payment

Applicant's Name: Interlake School Division Subject's Name _____

Payment Exemption

There may be no fee depending on the purpose of the check. Please refer to Manitoba Regulation 16/99 subsection 11.1(2).

All fee exemptions are subject to an audit.

Exempted – no fee attached

Payment Method (Please check one box only and print all information clearly)

VISA Card Number _____ Expiry Date _____
Name as it Appears on Card _____
Amount: _____ (Canadian funds)
Authorization: _____
Signature of Cardholder _____

MASTERCARD Card Number _____ Expiry Date _____
Name as it Appears on Card _____
Amount: _____ (Canadian funds)
Authorization: _____
Signature of Cardholder _____

CHEQUE made payable to the Minister of Finance

Note: Post-dated cheques will not be accepted. There is a \$20.00 NSF charge for all returned cheques.

MONEY ORDER made payable to the Minister of Finance

CASH (Note: It is recommended that you do not send cash through the mail.)

Receipts will only be issued if requested at the time the Application is submitted.

Check if receipt is required.

All three parts of this Application must be forwarded to the Child Abuse Registry for a check to be completed.

| FOR CHILD ABUSE REGISTRY OFFICE USE ONLY | |
|--|-------|
| Application Received | Date |
| <input type="checkbox"/> IN-HOUSE | _____ |
| <input type="checkbox"/> MAIL | _____ |
| <input type="checkbox"/> COURIER | _____ |
| <input type="checkbox"/> FAX | _____ |
| <input type="checkbox"/> Multiple Applications # _____ | |