



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 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 3140-F1 Interlake School Division
ICT Acceptable Use Agreement - Employees

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

I have read the Interlake School Division Administrative Procedure 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: _____

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