



Volunteer Teacher Support Policy

1.0 INTRODUCTION

Hope Academy is a private, Christian, mission school which relies on parental involvement and community support. We are blessed with many devoted volunteers, and could not exist without them. This policy, however, is directed towards parent and community volunteers who will be volunteering with the teaching staff at Hope Academy and will have regular contact with the students.

2.0 DEFINITIONS

A **parent volunteer** is a parent or guardian who currently has a child enrolled in and attending Hope Academy, or is a member of the community who continues as a volunteer in a school without interruption after the child has left the school.

A **community volunteer** is a member of the community who does not have a child enrolled in the school and who agrees to undertake, without pay, a designated task that supports a classroom, school or Board-sponsored activity.

When not specifically stated, the word **volunteer** refers to both parent and community volunteers.

3.0 PROCEDURES FOR SELECTION

3.1 The Principal, in consultation with staff, will identify situations where volunteer support would enhance the learning environment for students in the school.

3.2 Invitations may also be issued to the parents and community to respond to identified volunteer needs in the school. Volunteers are welcome to come forward at any time to offer their services as appropriate.

3.3 Potential volunteers will complete a Volunteer Questionnaire. (Sample in Appendix A). All questionnaires will contain the following acknowledgement:

If chosen as a volunteer, I agree to abide by the policies and procedures of Hope Academy and to respect the confidentiality of student and teacher records. I realize I will be required to submit a Police Vulnerable Sector Check and a minimum of two reference checks.

3.5 Volunteers are expected to model Christian values and standards. Specifically, they will demonstrate the following qualities:

- a genuine interest in children (***caring***)
- a commitment to a specific schedule (***reliability***)
- an ability to maintain confidentiality and respect the rights of staff and students (***confidentiality***)
- provide a current Police Vulnerable Sector Check (***safety***)

4.0 DUTIES OF THE PRINCIPAL

The Principal will:

- 4.1 approve all volunteers in the school after ensuring that the established selection criteria has been met
- 4.2 ensure that all volunteers who support the school program have a positive impact in both the school and the community
- 4.3 address concerns immediately when it is apparent that a volunteer no longer meets the established criteria
- 4.4 ensure that volunteers are appropriately supervised and establish an appropriate probationary period

5.0 DUTIES OF THE TEACHER

The teacher will:

- 5.1 confirm with the Principal that the volunteer has been approved
- 5.2 provide a welcoming atmosphere for the volunteer who is assisting the teacher
- 5.3 meet with the volunteer to clearly outline the tasks to be performed
- 5.4 provide training in any necessary skills
- 5.5 ensure that tasks are planned and materials prepared in advance so that the volunteer's time is not wasted
- 5.6 address any problems with the volunteer that may arise
- 5.7 inform the Principal of any unusual conflicts or events arising from the use of volunteers

6.0 DUTIES OF VOLUNTEERS

The volunteer will:

- 6.1 respect the procedures and routines established in the school
- 6.2 record arrival in the log book at the office
- 6.3 provide reasonable notice for anticipated absences
- 6.4 communicate with the teacher about assigned tasks
- 6.5 report immediately any discipline problems to the teacher or the Principal
- 6.6 defer to the teacher in areas of student management and student work
- 6.7 inform the Principal/teacher of any unusual events or conflicts

APPENDIX A

SAMPLE VOLUNTEER QUESTIONNAIRE

Please complete the following:

NAME: _____
Surname First Name

I am willing to volunteer on a regular weekly basis. _____

I am willing to volunteer once in a while. _____

Time(s) I could be available to help:

Monday	a.m. _____	lunch _____	p.m. _____
Tuesday	a.m. _____	lunch _____	p.m. _____
Wednesday	a.m. _____	lunch _____	p.m. _____
Thursday	a.m. _____	lunch _____	p.m. _____
Friday	a.m. _____	lunch _____	p.m. _____

Possible starting date: _____

Grade level(s) preference: _____

Activities I am willing to assist with or organize:

- a. coaching sports teams _____
- b. hot lunch, etc. _____
- c. clerical/technical support _____
- d. listening to children read _____
- e. assisting with special days _____
- f. overnight field trip supervision _____
- g. student clubs, e.g. drama, games, etc.
(Please specify) _____
- h. arts and crafts _____
- i. head lice inspection _____

j. other (please specify) _____

Special talents you could share with students

If chosen as a volunteer, I agree to abide by the policies and procedures of Hope Academy and to respect the confidentiality of student and teacher records. I realize I will be required to submit a Police Vulnerable Sector Check and a minimum of two reference checks.

Applicant's Signature

Date

All information gathered via this form will be used for the sole purpose of determining the applicant's suitability for volunteering at Hope Academy, and will not be used or released for any other purpose.

Offence Declaration

Section 1

Name: (please print clearly)

Date of Birth: (yyyy/mm/dd)

Position:

Section 2

I DECLARE since the last Police Vulnerable Sector Check collected by Hope Academy, or since the last Offence Declaration given by me to Hope Academy, that:

- I have **no** convictions under the *Criminal Code of Canada* up to and including the date of this declaration for which a pardon has not been issued or granted under the *Criminal Records Act (Canada)*.

OR

- I have been convicted of the following criminal offences under the *Criminal Code of Canada* for which a pardon under Section 4.1 of the *Criminal Records Act (Canada)* has **not** been issued or granted to me.

List of Offences:

- 1 a. Date: _____
b. Court Location: _____
c. Conviction: _____
- 2 a. Date: _____
b. Court Location: _____
c. Conviction: _____

(Use additional page if necessary)

Section 3

DATED at _____ this _____ day of _____, 20_____
(City) (Day) (Month) (Year)

Employee/Volunteer Signature: _____

VOLUNTEER CODE OF ETHICS

As a volunteer at Hope Academy, I will strive to:

- pray regularly for the school, its students, and staff
- be respectful of fellow volunteers and staff members, including their opinions and time
- speak supportively of the school
- endorse and promote the mission and vision of Hope Academy.
- respect the procedures and routines established in the school
- record arrival in the visitor's sign-in sheet at the office
- provide reasonable notice for anticipated absences
- communicate with the teacher about assigned tasks
- report immediately any discipline problems to the teacher or the Principal
- defer to the teacher in areas of student management and student work
- inform the Principal/teacher of any unusual events or conflicts
- respect the confidentiality of all school-related discussions
- set an example of leadership by modeling Christian values and standards

Specifically, I will demonstrate the following qualities:

- a genuine interest in children (***caring***)
- a commitment to a specific schedule (***reliability***)
- an ability to maintain confidentiality and respect the rights of staff and students (***confidentiality***)
- provide a Police Vulnerable Sector Check (***safety***)

If chosen as a volunteer, I agree to abide by the Volunteer Code of Ethics.

Volunteer's Signature

Date



All information gathered via this form will be used for the sole purpose of determining the applicant's suitability for volunteering at Hope Academy, and will not be used or released for any other purpose.

References

Provide the following information with respect to two (2) persons who are not your relatives and who have known you for at least two (2) years. These references may be contacted.

1. Surname (last name)		Given name(s)	
Relationship:	Address (Number, Street, Apartment, City, Province/Territory/State, Country)		
Daytime phone number	Evening phone number	Cell number or email address (optional)	Has known me for <small>State number of years</small>

2. Surname (last name)		Given name(s)	
Relationship:	Address (Number, Street, Apartment, City, Province/Territory/State, Country)		
Daytime phone number	Evening phone number	Cell number or email address (optional)	Has known me for <small>State number of years</small>

Declaration of Applicant

DECLARATION-I solemnly declare that the statements made in the application are true.

Signature of Applicant	Signed at (City)	Date (yyyy/mm/dd)
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