



I SOLEMNLY DECLARE that I will abide by the foregoing requirements for disclosure and I make this Declaration knowing it to be of the same force and effect as if made under oath.

DECLARED at _____ this ____ day of _____, 20__.

Volunteer Signature

Date of Birth (yyyy/month/day)

Please Print Name

Schools at which Volunteer Service: (list all schools)

Please submit completed form to the school(s) where you volunteer and retain a copy for your records.

The personal information on this form is collected, used, and disclosed in accordance with the School Act, Sections 45 and 117, and the *Freedom of Information and Protection of Privacy Act*, Section 33, to determine suitability for engagement as a volunteer to work with students. The information collected is kept confidential and used consistent with the purpose provided under the *Freedom of Information and Protection of Privacy Act (FOIP)*. If you have any questions about the collection, use, and disclosure of personal information, please contact the FOIP Coordinator at Chinook's Edge School Division, 4904 -50th Street, Innisfail, Alberta, T4G 1W4, phone 403-227-7070 or 1-800-561-9229.

Distribution:

Signed Copy – School Files