



RCMP - Alberta

**Re: Criminal Record Check for Volunteering**

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(Name – please print)

Will be an (unpaid) volunteer with Chinook's Edge School Division No. 73. He/she will require a Criminal Record Check including the Vulnerable Sector Check prior to volunteering for our school division.

If you require further information, please do not hesitate to call me at (403) 227-7070.

Thank you,

A handwritten signature in blue ink that reads "R. Hoppins".

Ray Hoppins  
Associate Superintendent - People Services



CRIMINAL RECORD AND VULNERABLE SECTOR CHECKS  
CHANGE IN STATUS  
STATUTORY DECLARATION FORM (VOLUNTEERS)  
Administrative Procedure 2-21

In lieu of all volunteers in Chinook's Edge School Division No. 73 updating Criminal Record and Vulnerable Sector Checks annually, this Statutory Declaration will alleviate the need for annual checks so that new checks will only be required every three (3) years in the absence of a change of status being reported.

I, \_\_\_\_\_,  
(Print Name)

declare that I will promptly advise the school principal of each school at which I volunteer of any change in the status of the matters set out below since the last Criminal Record and Vulnerable Sector Checks collected by Chinook's Edge School Division No. 73, or since the last Statutory Declaration given by me to Chinook's Edge School Division No. 73, including, but not limited to whether:

I have been the subject to any proceedings of any nature in relation to persons falling within the vulnerable sector for offences

I have been convicted of any offence under the Criminal Code of Canada, and the following information for each offence:

1. Full Details of the offence
2. Date of the offence
3. Court location
4. Date of Conviction

I have been charged with the following charges under the Criminal Code of Canada or any legislation dealing with individuals falling within the vulnerable sector and the following information for each charge:

1. Full Details of the alleged offence
2. Date of the offence
3. Court location

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Please use additional pages as necessary.

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

DECLARED at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 201\_.

\_\_\_\_\_  
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 No. 73, 4904 -50<sup>th</sup> Street, Innisfail, Alberta, T4G 1W4, phone 403-227-7070 or 1-800-561-9229.

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