APPROVAL FOR VOLUNTEERS TO SUPPORT SCHOOL SPONSORED ACTIVITIES

Administrator

☐ Complete this form
☐ Provide a copy to the volunteer
☐ Place in the school file in Docushare (with relevant certificates if applicable)
☐ Forward the original to Human Resources at the Learning Support Centre

School Name:	School Year:

Volunteer Information	
The volunteer named below is approved in accordance with HPSD Policy.	
Name of Lay Coach/Supervisor/Assistant	Activity
The volunteer is certified with: First Aid ☐ Yes ☐ No CPR ☐ Yes ☐ No If yes, a copy of the certificate(s) must be included with this form and scanned into Docushare.	

Name (Please print)	Signature	Date
Volunteer		
Approving Principal		