



Volunteering at SSS

1. Fill out the Volunteer Package, you will be given a **Volunteer Letter** on school letterhead and an **Upper Fraser Valley Regional Detachment Chilliwack Community Police Office Police Information Check (PIC)** form to complete. (PICs are valid for 4 years)
2. The volunteers/applicants must apply in person at the Police Agency in the jurisdiction they reside. If you are a Chilliwack resident then you will bring the **Volunteer Letter, PIC and Volunteer Applicant: Contact Information** form to **45924 Airport Rd.**
3. Once the Police Agency has completed the PIC, the results will be provided directly to the volunteer/applicant.

*Police Information Checks submitted with positive results will be carefully reviewed by the designated staff worker (PIC Officer). A decision to approve or deny the application will be made and a letter containing the acceptance or denial as a volunteer will be mailed back to the volunteer/applicant to the address provided and a copy of the decision letter will be provided to the school(s)

4. Volunteers/applicants must deliver the original PIC to the Chilliwack School District Office (**8430 Cessna Drive**).
5. Once the PIC is processed and approved by the Chilliwack School District Office, an approval letter along with the original PIC will be mailed to the volunteer/applicant. A copy of the approval letter will be sent to the school(s) for their records.
6. **If you are assisting with driving students.** You will also need to complete a **STUDENT FIELD TRIP VOLUNTEER DRIVER AUTHORIZATION FORM 623.1D (Yearly)** You will find this form in the volunteer package. Complete this form and attach your Driver Abstract which you obtain from ICBC:
<https://www.icbc.com/driver-licensing/getting-licensed/Pages/Your-driving-record.aspx>
Return this form to the office for the principal's signature.



Instructions for Police Information Check (PIC) Volunteers

Any volunteer working near or around children is required to have a Police Information Check and Vulnerable Sector Search completed PRIOR to volunteering. This process applies to all volunteers regardless of the amount of time spent volunteering.

Board Policy

[403 Policy: Police Information Check - Volunteers](#)

[403.1 Administrative Regulation: Police Information Check – Volunteers](#)

1. As per Administrative Regulation 403.1 all persons wishing to volunteer will be screened by the principal or designate to determine the basis for the person's interest. The screened volunteer/applicant must receive a [volunteer letter](#) (on school letterhead) signed by the principal or designate and the [Police Information Form](#) for completion.
2. The volunteers/applicants must apply in person at the Police Agency in the jurisdiction they reside.
3. Once the Police Agency has completed the check, the results will be provided directly to the volunteer/applicant.
4. Volunteers/applicants must provide the original PIC to the Chilliwack School District Office (8430 Cessna Drive). Please ensure all checks forwarded to the School District Office on behalf of the volunteer/applicant contains the address, phone number and volunteer site(s). Please note missing information may result in a longer processing time.
5. Once the check is processed and approved, an approval letter along with the original PIC will be mailed to the volunteer/applicant. A copy of the approval letter will be sent to the school(s) for their records.
6. Police Information Checks submitted with positive results will be carefully reviewed by the designated staff worker (PIC Officer). A decision to approve or deny the application will be made and a letter containing the acceptance or denial as a volunteer will be mailed back to the volunteer/applicant to the address provided and a copy of the decision letter will be provided to the school(s).
7. To ensure all records for volunteers are up to date, School Sites are requested to do the following:
 - a. Review the Policy and Administrative Regulation
 - b. Screen volunteers/applicants wishing to serve as volunteers. Provide volunteer with documentation needed to submit to the appropriate Police Agency.

Please Note: **If volunteering at multiple schools within the same school year, only one PIC needs to be completed by RCMP. Please ensure all schools are listed on the front page.**

- c. Keep a record of approved or denied volunteers and the expiration of the PIC. The Police Information Check is valid for a maximum of four years. Parents and community members must provide a current Police Information Check to volunteer at a site beyond four years.

Police Information Check FAQs

Question:

I have many parents who live on the Abbotsford boundary and have kids in our school. The Chilliwack RCMP won't do their record checks and always send them to Abbotsford RCMP, will this be acceptable for them to volunteer?

Answer:

Yes. The Police Information Check has to be completed in the jurisdiction the volunteer lives. As checks from other communities may be formatted different, please remind the volunteer to ensure the form submitted includes their name, contact information, including phone number and the school(s) to which they wish to volunteer.

Question:

If a volunteer has a criminal record check completed as an employee, do they still need to provide a police information check to volunteer?

Answer:

Yes. We have policy that outlines the process followed for volunteers. To maintain accurate records, we require volunteers to follow the volunteer process even if they are current employees with the Chilliwack School District.

Question:

Can we use a police information check that was submitted to another school? Can the check be used in multiple schools and sites?

Answer:

Police Information Check results are shared at multiple sites when approval is within the same school year. A volunteer is asked to complete a new check when approval is requested for a different site in a different school year than the original approval.



**Chilliwack
School District**

Partners in Learning!

Volunteer Applicant: Contact Information

To be completed by applicant and attached to the Police Information Check

Last Name		First Name	
Date of Birth			
Email Address			
Address (no, street, apt.)		City	
Province	Postal code	Phone Number:	
Name of School(s) you are applying to volunteer at:			



**Chilliwack
School District**



Date: _____

TO WHOM IT MAY CONCERN:

This letter is to confirm that _____, DOB: _____, has offered to volunteer at the Chilliwack School District. _____ may be volunteering in various classrooms and may be assisting with field trips. The student's ages will vary from 5 years old to 18 years old, both male and female.

Yours truly,

Administrator

Sardis Secondary School

Upper Fraser Valley Regional Detachment Chilliwack Community Police Office

Police Information Check

Police Use Only	
Amount Paid:	
Volunteer:	
Receipt #	
Received by:	

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	Number:
Type of ID Produced:	Number:

INSTRUCTIONS FOR COMPLETION (PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT) <u>Please complete clearly in ink</u> You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present: Any applicable fee (see website for costs and payment options). One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth. If you are unable to provide proper identification the police agency cannot complete your check. Your Police Information Check will review all available law enforcement systems, including any local police records. This check will <u>NOT</u> include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences. <p style="text-align: center;">The results of this check will not be forwarded to a third party (with the exception of confirmed positive Vulnerable Sector responses).</p>
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PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)	
PREVIOUS NAMES (including name changes and birth/maiden name)			SEX (circle one) M F
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:		
ADDRESS (Apartment, street # and name)	CITY	PROV	POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)		

PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)			*Check Completed (office use only)
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

REASON FOR APPLICATION (check appropriate): Volunteer (attach letter) - Employment Other (specify below)

Key Contact Name: _____

Volunteer Agency/Employer Name: _____

Volunteer Agency/Employer Address and Phone Number: _____

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: YES NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant DOB
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VULNERABLE SECTOR APPLICANTS:

FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Reason for Consent:

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the paid or volunteer position (*what you will be doing*): _____

Provide details regarding the children or vulnerable person(s) (*what ages, type of client(s) you will be in authority over*):

Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

_____ Signature of Applicant	_____ Date Signed
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DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act*, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a “young person” (younger than eighteen years), pursuant to the *Youth Criminal Justice Act*.

Date of Conviction	Nature of Offence	Location/Jurisdiction

_____ Signature of Applicant	_____ Date signed
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Applicant Name	Applicant DOB
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SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE

I request and consent to the Chilliwack Community Police Office and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the City of Chilliwack, The Royal Canadian Mounted Police and any employees thereof, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date Signed

*******FOR OFFICE USE ONLY*******

<u>QUERY TYPE</u>	<u>Queried by:</u>	<u>Negative</u>	<u>Attached</u>	<u>Date</u>
<u>CPIC</u>				
<u>PRIME</u>				
<u>Police Information Portal/PIP</u>				
<u>JUSTIN</u>				
<u>VS – FP REQ.</u>				

NOTES (office use only):

STUDENT FIELD EXPERIENCE VOLUNTEER DRIVER AUTHORIZATION FORM

School: _____

Driver's Name: _____

Driver's Address: _____

Driver's Telephone Number: _____

Driver's Licence Number: _____ Expiry Date: _____

Vehicle Owner's Name: _____

Vehicle Owner's Telephone Number(s): (H) _____ (C) _____ (W) _____

Vehicle Licence Number: _____

Year, Make and Model of Vehicle: _____

Insurance Certificate Expiry Date: _____

Insured Limit (3rd party liability – **minimum of \$1 million**): \$ _____Driver Abstract/Driver Record Submitted (10 year Drivers Abstract): yes

(To obtain a copy of your Driver Abstract, please request online from ICBC.com or call 1.800.950.1498. Have your driver's license number ready.)

Number of Seat Belts in Vehicle: _____ Booster Seats: yes no

I hereby affirm that to the best of my knowledge the vehicle identified above is in safe, roadworthy condition and my driver's licence is in good standing. I also affirm that I have never been convicted of impaired driving or any other criminal driving offence and acknowledge the requirement that all vehicle occupants must use seatbelts and booster seats as required. **I acknowledge that booster seats are mandatory for children over 18 kg (40 lb) until their 9th birthday, unless they have reached the height of 145 cm (4' 9"). I will not allow any child under the age of 12 to sit in the front seat of the vehicle if it is equipped with a passenger side airbag, unless it can be legally deactivated.**

Driver's Signature_____
Date_____
Principal's Signature_____
Date