



SCHOOL _____
Volunteer/School Checklist

VOLUNTEER

Please check off box when complete and return to school you are volunteering.

- Individual Volunteer Registration Form**
- Individual Volunteer Waiver** - must have a witness to your signature.
- Vulnerable Sector check dated within the past 6 months** - acquire their printed report. Please take "Vulnerable Sector Check Request" letter to the policing service as they may require this as a receipt and proof that you are volunteering.
- Child Abuse Register clearance letter dated within the past 6 months** – You may obtain a Child Abuse Register clearance letter by either applying on line or by regular mail. On line applications are to be sent through the digital service found at <https://beta.novascotia.ca/apply-child-abuse-register-search>. Should you wish to mail your application instead of completing the on-line form we have included within this package the Child Abuse Register Search Form A as well as a document titled Information for Individuals Applying for a Child Abuse Register Search. CCRCE requires an **original or true and verified** copy of the Child Abuse Register clearance letter once received. A CCRCE employee must be the one to make a true and verified copy of the clearance letter. The Administrative Assistant at the Family office closest to your home can do this for you.

PRINCIPAL/ADMINISTRATIVE ASSISTANT

Only return a complete volunteer package to Human Resources - Truro. Please check off box below. A complete package will include:

- Individual Volunteer Registration Form**
- Individual Volunteer Waiver** –must have volunteer and witness signatures as well as Principal's signature
- Vulnerable Sector Check dated within the past 6 months**
- Child Abuse Register clearance letter dated within the past 6 months**- If the volunteer presents an original confirmation letter of clearance from Community Services addressed to the individual, the Principal or Administrative Assistant from CCRCE may photocopy it and write "True and Verified" on the copy, date and sign it, and include the copy with the volunteer's package. Return original letter to individual---it is for their safekeeping.

*** An incomplete volunteer package will be returned to the school for follow-up.**



Individual Volunteer Registration Form

Name: _____
(Surname) (First) (Middle)

Address: _____
(Street) (Town) (Province) (Postal Code)

Occupation/Job Title: _____

Employer: _____

Employer's
Address: _____
(Street) (Town) (Province) (Postal Code)

I prefer to be contacted (complete all that apply):

At home phone: () - _____
Area Code

At work phone: () - _____
Area Code

By e-mail address: _____

Time Commitment:	Grade Preference:		Group Size:
Frequently	K-2	3-5	Small Group
Occasionally	6-8	9-12	Class

Indicate name of school you wish to assist:



Individual Volunteer Waiver

I, _____ have offered to provide my assistance as a volunteer to the **Chignecto-Central Regional Centre for Education (CCRCE)** and _____
(Name of School & CCRCE Organization.)

As a volunteer, I expressly acknowledge that:

- Acceptance of my offer of assistance as a volunteer is entirely within the discretion of CCRCE;
- As a volunteer, I am not an employee of CCRCE and CCRCE has no contractual obligations arising from my volunteer service;
- I authorize CCRCE to review a Child Abuse Registry and a Police Records Check. This authority includes the initial checks in support of my application and ongoing checks as required by CCRCE, during my tenure as a volunteer;
- I acknowledge that a violation under the Child Abuse Registry Check will constitute grounds for refusal to accept an offer of volunteer service. Violations found under the Vulnerable Sector Check may constitute grounds for refusal to accept an offer of volunteer service;
- I further acknowledge that it is my obligation to report to CCRCE any entries on the Child Abuse Registry or any Criminal convictions which may occur after the acceptance of my application as a volunteer;
- It remains within the discretion of CCRCE at any time to decline my offer of assistance as volunteer, with or without reasons as it determines. The decision concerning the selection, placement or replacement is, in the normal course, made by the Principal. In the event the volunteer's application is not accepted, the applicant can appeal the decision in accordance with the applicable Administrative Procedure;
- I will not make any claim or take any proceeding against CCRCE, or other persons acting for or on its behalf, with respect to my service as a volunteer or the termination of such service.

Signed this _____ day of _____, 20 ____, at _____, Nova Scotia.

Volunteer Signature

CCRCE Principal (or Designate)

Witness



Instructions for Vulnerable Sector Check

It is a Chignecto-Central Regional Centre for Education (CCRCE) Policy for each new employee to have a Vulnerable Sector Check completed.

1. Candidates for employment must obtain and submit to the Human Resources Services Department a completed Vulnerable Sector Check dated within the past 6 months. You must provide the original Vulnerable Sector Check. A photocopy will not be accepted.
2. Any fees as a result of the Police Check are the responsibility of the employee.

Information for Individuals Applying for a Child Abuse Register Search

How to Apply

Obtain the Child Abuse Register Search form from the NS Government website

https://novascotia.ca/coms/families/abuse/documents/CAR-4001_Request_for_Search_Form_A.pdf

Apply by Mail:

Child Abuse Register

Department of Community Services

P.O. Box 696 Halifax, Nova Scotia B3J 2T7

Apply in person:

5675 Spring Garden Road, 3rd Floor Nelson Place

Halifax, Nova Scotia

To pick up your results in-person, write this request on the top of your application. You must present 1 piece of valid identification. Pick ups will be held for 48 hours.

Note: Applications cannot be picked-up by a third party (i.e. someone other than the applicant).

Application Process

PLEASE NOTE: You are required to complete the full application. Failure to do so will result in your application being returned incomplete via mail for correction. All applications must include a photocopy of a **valid Canadian** identification in order for the search to be completed.

Allow 10 business days for processing of the application. This does **NOT** include Canada Post mail delivery speeds. Additional days need to be considered for mailing in the application and the mail out of the search results.

Tips for Employers

- Update job postings to include the requirement for employees to complete a Child Abuse Register search by including the link where applicants can access the Child Abuse Register form. Here is the link:

https://novascotia.ca/coms/families/abuse/documents/CAR-4001_Request_for_Search_Form_A.pdf

- At the time of an interview, request all candidates to initiate Child Abuse Register Searches. Provide candidates with the PDF Child Abuse Register Search form and explain the process.
- If the hiring timeline is urgent, the employer can ask the candidate(s) to complete the Child Abuse Register Search form before leaving the interview and the hiring manager can mail the candidate(s) application to the Child Abuse Register Unit on the candidate's behalf, identify it as urgent and request that the applicant be contacted once the search is completed to make arrangements for pick up.
- There is no fee to initiate a Child Abuse Register Search; therefore, addressing this requirement earlier in the recruitment process can reduce wait times when hiring.
- Inquiries about search results can only be provided to the applicant. The status of an application can only be provided after the search has been completed.

Contact information

For more information, please contact:

Child Abuse Register Unit

Phone: 902-424-6798

This form can be completed online. Visit our website <https://beta.novascotia.ca/apply-child-abuse-register-search>

1 Will you have contact with children under age 19?

Yes, complete this form No, do not complete this form. We cannot search the register for your name.

We are authorized to search the Nova Scotia Child Abuse Register **only** if you have contact with children under the age of 19. **Search results are for Nova Scotia only.**

2 Give your personal Information (please print)

Last name: _____ First name: _____

Middle names: _____ Last name at birth: _____

All other names during your lifetime (Commonly used names, nicknames, aliases): _____

Date of birth (dd/mm/yyyy): _____

Health card number: _____ Driver's license master number: _____

Current mailing address: _____ Apt/Unit #: _____

City: _____ Postal Code: _____

Phone: Home (xxx-xxx-xxxx): _____ Cell (xxx-xxx-xxxx): _____

Are you a current or former resident of Nova Scotia? Yes No

3 Attach photocopy to prove your identity

Include proof of your identity. Attach a photocopy of your valid Canadian: Driver's license, Health card or Passport

If you do not have proof of your identity, please contact us at the number listed at the bottom of this form.

4 Sign the request and certification

Please confirm that my name is not entered in the Nova Scotia Child Abuse Register.

I certify that the information given on this form is correct.

Signature: _____ Date(dd/mm/yyyy): _____

5 Send the form to us

Private and Confidential
Child Abuse Register
Department of Community Services
P.O. Box 696
Halifax, Nova Scotia B3J 2T7

We will send confirmation that your name does not appear on the register to the mailing address you gave above. You may share this letter with volunteer organizations and/or employers.

Questions? Call 902-424-6798

<p>For staff use only</p> <p><input type="radio"/> As of this date, _____ the name of the above HAS NOT been entered in the Child Abuse Register.</p> <p><input type="radio"/> Consent withdrawn by applicant</p> <p>Authorized Signature: _____</p> <p>Certified by the Department of Community Services Child Abuse Register (stamp)</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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