

## **AP 416-2 Volunteer Application Form**

School Year:	_ (must be completed each school year)
Name:	
Address:	
Phone:	
I have a child in this school:  Areas of Expertise and Interest:	Yes - (name/s)
☐ Tutoring (subject/s)	☐ Fundraising
☐ Driving	☐ Food Days
☐ Field Trips	☐ Library
☐ Coaching - (sports)	•
☐ Special Events	☐ Classroom Help
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deems necessary.  I have already had an APIC of the large state of the	done at the following Abbotsford School District school as noted: d of an offense involving children/violence/illegal substances.  Dermission to volunteer previously.
For Office Use Only  Level of Risk: High Medium Low Approved Not Approved - (reaso	n):
Principal's Signature:	