



INSTRUCTIONS FOR NEW VOLUNTEERS

Thank you for choosing to volunteer for SJASD. The following is a summary of the voluntary application process.

- *Complete volunteer package and return to school*
- *The volunteer coordinator will email you a prepaid Criminal Record Check link*
- *Once your criminal record and child abuse checks are processed by the correct authorities and received by the Division, the Division will notify the school*
- *You may now volunteer*

Please read the detailed instructions in their entirety and retain for future reference.

All new volunteers will not be made active until ALL six pieces of required documentation has been received and processed by the volunteer coordinator. Until the volunteer paperwork is complete, you will not be allowed to be alone with students.

6 forms are required for volunteering.

- Criminal Record Check – a pre-paid link will be emailed to you once you have submitted the complete package to the school
- Child Abuse Registry Check
- Pledge of Confidentiality – Volunteers
- Accessibility Training Certificate
- Print and Digital Media Release Form
- Commit to Kids Certificate

*** Please be aware that it can take up to a month and a half for the Child Abuse Registry to be processed. Plan ahead for the school year!***

You are completing 2 searches: A Child Abuse Registry Search and a Criminal Record Registry Check (Vulnerable Sector Check.) The Division is committed to paying for both checks for Volunteers.

Child Abuse Registry Search

1. Complete the Child Abuse Application enclosed and return to the school. Mandatory fields are highlighted on all 3 pages of the application. It is important to clearly state what you are volunteering for i.e., Coach, camp chaperone and the school you are volunteering for. **Do not go to the Child Protection Agency.** SJSD will submit the completed application on your behalf, and they will send the completed search directly to the Volunteer Coordinator.
2. Provide the 2 pieces of ID (to the school) noted on your child abuse application form. These will be verified by Division staff, photocopied and returned to you.

3. Please note that the child abuse registry considers the application form “stale dated,” and will not process any applications where the signature date is six months (or

Criminal Record Search (Vulnerable Sector Check)

1. Once you have submitted your paperwork to the school, the volunteer coordinator will email you a link to complete the criminal record check online. ***This check will be prepaid if you use the link provided.***
2. Once your online application is completed, you will receive an email from the City of Winnipeg with a link to download your completed criminal record check.
3. You may email or send the hard copy of your check to the school secretary.
4. ***If you live outside the City of Winnipeg***, you must go to your local RCMP to receive your vulnerable sector search. Please contact your school secretary who can provide you with a letter to indicate the check is for volunteering purposes and the fee will be waived.

Pledge of Confidentiality for Volunteers

- Please sign and submit the form with the package.

Print and Digital Media Release Form

- Please sign and submit the form with the package.

Accessibility Training – online

<https://amalearningmb.ca/launch-acs.html>

1. This training is mandatory for all volunteers. Once complete, print/download the certificate to give to the school secretary.

The training must be completed all at one time and does not work on iPads or cell phones. The school will provide you with a desktop computer if you do not have one available to you.

Commit to Kids Training – online.

https://vta.c3p.ca/app/en/create_account?key=7DFB97FC578E11ECBC79D243F2F6B098

- All volunteers are required to complete online training through the Canadian Centre for Child Protection. Please print/download completion certificate to include in your package.

If you have any questions that have not been covered by this information sheet, or you haven't been contacted within four weeks of submitting your completed package to the school, please contact your school secretary or school staff for more information.

XX

Information for the Criminal Record Check

Name of Volunteer: _____

School: _____

EMAIL ADDRESS

Please print clearly the email address we will be sending the link for the Criminal Record Check

THIS PAGE MUST BE SUBMITTED TO THE SCHOOL WITH THE REST OF THE VOLUNTEER PACKAGE



Application for a Child Abuse Registry Check by Employers and Others

Application pursuant to Section 19.3(3.1) of *The Child and Family Services Act* for access to the Child Abuse Registry

Part 2 Information and Results

SECTION A – Access by EMPLOYERS AND OTHERS (to be completed by the Employer/Other)

A-1 Applicant's Mailing Label. Please print all information clearly.

Joanne Johnston, Manager, Human Resources
St. James-Assiniboia School Division
2574 Portage Avenue
Winnipeg MB R3J 0H8

Lyndsay Ross

204-888-7951 ext 2025

Board Office

Contact Person

Telephone Number

Office / Program / School

A-2 Purpose of Registry Check: (Please check at least one of the following)

- To assess the Subject of this check:
 - Whose work, whether paid or unpaid, involves or may involve the care, custody, control or charge of a child
 - Whose work, whether paid or unpaid, permits or may permit access to a child
 - Who, on behalf of an agency or the holder of a foster home license, works directly with foster children for 10 or more hours per week and who may have unsupervised access to foster children [M.R. 18/99 s. 18(1)(e)]

A-3 Position: Volunteer Paid Staff Other

Briefly describe position: _____

A-4 Applicant Authorization: ACCESS CODE: 192-94

Signature of Applicant staff who verified Subject's identification

Applicant's Signature (Executive Director or Supervisor)

NOTE: There is a **non-refundable** fee of \$20.00 per application. Please refer to Part 3 for fee payment details.

SECTION B – SUBJECT'S INFORMATION (to be completed by the person being checked) (PLEASE PRINT CLEARLY)

B-1 Name: _____
Surname Given Name Middle Name

Previous and Other Names:

- a) Maiden Name: _____ b) Legal Name Change: _____
- c) Also Known As: _____ d) Other Names Known by: _____

B-2 Birth Date: Month _____ Day _____ Year _____ B-3 Male Female X

B-4 Current Address: _____ City: _____

Postal Code: _____ Telephone: (_____) _____

B-5 Previous addresses for a minimum of 5 years: _____

B-6 IDENTIFICATION: I have chosen and presented two (2) pieces of identification that have been verified by the Applicant in A-4:

SIN No. _____ MHSC No. (6 digit) _____

Band and Status No. _____ Driver's License: _____

Passport or Birth Certificate No. _____ Other (please identify) _____

B-7 I hereby authorize the Director of Child and Family Services to search the Manitoba Child Abuse Registry to determine if my name is listed on the Registry. I hereby give my consent for the release of this information in writing to the applicant in A1 for purposes identified in A-2 and Part 1.

Date: _____ SUBJECT'S SIGNATURE: _____

SECTION C – MANITOBA CHILD ABUSE REGISTRY RESULTS (to be completed by the Director of Child and Family Services) Office Use Only

This is to certify that as of the date indicated in this section, the subject:

IS NOT listed on the Manitoba Child Abuse Registry DATE: _____

IS LISTED on the Manitoba Child Abuse Registry _____
Director of Child and Family Services or Designate

Note: The name of a young offender (under 18) may not appear on the CAR due to the non-disclosure provisions of *The Young Offenders Act* or *The Youth Criminal Justice Act*. The Applicant shall not use or disclose the personal (health) information provided by the Subject except for the purpose(s) stated in Part 1 and Part 2.

Part 1 Consent to Collection & Disclosure of Information and Results

I understand that the Applicant is obtaining my personal information (including, if necessary for identification purposes, my Manitoba Health Reg. No.) described in Part 2 B to disclose this information to the Director of Child and Family Services (the Director) so that the Director can conduct a Child Abuse Registry check on me. I understand that my personal information is being collected under the authority of subsection 37(1) of *The Freedom of Information and Protection of Privacy Act* and that my personal health information, **if any**, is being collected under the authority of subsection 14(1) of *The Personal Health Information Act*.

I understand that the Director will also use this information to update the Manitoba Child and Family Services Information System (CFSIS) and the Intake Module (IM) (collectively known as CFSA).

I understand that the results of the Child Abuse Registry check will disclose whether my name is listed on the Registry and that the Director will disclose these results to the Applicant.

I understand that the disclosure of the results of the check to the Applicant is authorized under Section 19 of *The Child and Family Services Act* and is the minimum amount of information necessary to accomplish the purpose(s) specified in Part 2 A-2.

I understand that the Applicant requires the results of the Child Abuse Registry check for the purpose(s) specified in Part 2 A-2. This information will be available to employees or agents of the Applicant only on a need to know basis.

I understand that the Applicant will use the information only for the above purpose(s) unless use for another purpose is authorized or required by law.

I understand that the Applicant will not further disclose the results of the Child Abuse Registry check without my written consent unless authorized or required to do so by law.

I understand that the Director will release no other information without my written consent unless the Director is authorized or required to do so by law.

I understand that I may revoke this consent to the collection and disclosure of information and results by written statement at any time prior to the information being released under this consent.

I acknowledge that a photocopy of this signed consent is sufficient to allow for the disclosure of the information requested.

Consent below is limited to this application only and becomes effective on the date signed. This consent expires six months from the effective date.

I hereby consent to the collection of information in Part 2 B by the Applicant, its disclosure to the Director and the disclosure of the results of the check, described in Part 2 C, by the Director to the Applicant.

DATE: _____ SUBJECT'S SIGNATURE: _____

If you have any questions about the collection and disclosure of your personal information, you should contact the Child Abuse Registry at (204) 945-6967.



Application for a Child Abuse Registry Check by Employers and Others

Application pursuant to Section 19.3(3.1) of *The Child and Family Services Act* for access to the Child Abuse Registry

Part 3 Fee Payment

Applicant's Name: St. James-Assiniboia School Division **Subject's Name** _____

Payment Exemption

There may be no fee depending on the purpose of the check. Please refer to Manitoba Regulation 16/99 subsection 11.1(2).

All fee exemptions are subject to an audit.

Exempted – no fee attached

Payment Method (Please check one box only and print all information clearly)

VISA Card Number _____ Expiry Date _____
 Name as it Appears on Card _____
 Amount: _____ (Canadian funds)
 Authorization: _____
 Signature of Cardholder

MASTERCARD Card Number _____ Expiry Date _____
 Name as it Appears on Card _____
 Amount: _____ (Canadian funds)
 Authorization: _____
 Signature of Cardholder

CHEQUE *made payable to the Minister of Finance*

Note: Post-dated cheques will not be accepted. There is a \$20.00 NSF charge for all returned cheques.

MONEY ORDER *made payable to the Minister of Finance*

CASH (**Note:** It is recommended that you **do not** send cash through the mail.)

Receipts will only be issued if requested at the time the Application is submitted.

Check if receipt is required.

All three parts of this Application must be forwarded to the Child Abuse Registry for a check to be completed.

FOR CHILD ABUSE REGISTRY OFFICE USE ONLY	
Application Received	Date
<input type="checkbox"/> IN-HOUSE	_____
<input type="checkbox"/> MAIL	_____
<input type="checkbox"/> COURIER	_____
<input type="checkbox"/> FAX	_____
<input type="checkbox"/> Multiple Applications # _____	



ST. JAMES-ASSINIBOIA SCHOOL DIVISION

GBJA-E-3

PLEDGE OF CONFIDENTIALITY – VOLUNTEERS / OTHERS

In the course of my volunteer duties (or in a similar unpaid capacity) at the St. James-Assiniboia School Division (“the Division”), I acknowledge and understand that I may/will have access to information that is personal and/or confidential in nature. I understand that this information is not to be communicated to anyone or disclosed in any manner or form other than for the sole purpose of fulfilling my duties within the school context or under the Freedom of Information and Protection of Privacy Act (FIPPA) and The Personal Health Information Act (PHIA), or any other applicable Acts.

As well, I acknowledge that I have read the FIPPA/PHIA INFORMATION SHEET attached to this Pledge explaining my obligations in this regard.

(Date signed)

(Signature)

(Name – please print)

(Position)

FIPPA/PHIA INFORMATION SHEET

The Purpose of this Information Sheet is to remind volunteers and others of their obligations respecting the ACCESS, USE, and DISCLOSURE of an individual's (student or employee) personal information.

Personal information may be electronic (computer, cellular telephone, or other electronic media format) or non-electronic (paper, photographs, cassette tapes, etc.). Textual records may appear as files, documents, or data items. All personal information is subject to FIPPA and PHIA limits and protections on access, use, and disclosure.

Access, use, and disclosure of personal information must be limited to what is necessary to perform the duties of their job. "Access" means seeing or handling information. "Use" means using information within the School Division. "Disclosure" means releasing information to an individual or organization outside the School Division.

Disclosure has the most risk of causing damage to an individual and therefore guidance must be sought from a supervisor or manager prior to any disclosure where specific consent of the individual has not, or cannot be obtained.

Accessing, using, or disclosing personal information **should not occur** except in the carrying out of authorized School Division business.

Please note:

- Unauthorized access happens when access to personal information that is not needed to accomplish School Division business.
- Unauthorized use happens when personal information is used for a purpose that is not permitted under FIPPA and PHIA.
- Unauthorized disclosure happens when personal information is made known, revealed, exposed, shown, provided, sold or given in circumstances that are not permitted under FIPPA and PHIA. Unauthorized disclosure may happen verbally, through the provision of electronic copies, or by other means.

The Freedom of Information and Protection of Privacy Act and *The Personal Health Information Act* are provincial laws. All volunteers of the School Division must comply with these laws.

FIPPA places limits on access, use and disclosure of personal information. "**Personal information**" incorporates fourteen broad categories of information. (See definition of "**Personal information**" below.)

PHIA places strict limits on access, use and disclosure of health information. "**Health information**" is any information about an individual's health or health care, including the individual's PHIN number. (See definition of "**Health information**" on page 2.)

If you have questions please contact the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB, R3J 0H8, (204) 888-7951.

The Freedom of Information and Protection of Privacy Act

Definition of "Personal Information"

"**Personal information**" means "**recorded information**" about an identifiable individual, including:

- a) The individual's name,
- b) The individual's home address, or home telephone, facsimile or e-mail number,
- c) Information about the individual's age, sex, sexual orientation, marital or family status,
- d) Information about the individual's ancestry, race, colour, nationality, or national or ethnic origin,
- e) Information about the individual's religion or creed, or religious belief, association or activity,
- f) Personal health information about the individual,

- g) The individual's blood type, finger prints, or other hereditary characteristics,
- h) Information about the individual's political belief, association or activity,
- i) Information about the individual's education, employment or occupation, or educational, employment or occupational history,
- j) Information about the individual's source of income or financial circumstances, activities or history,
- k) Information about the individual's criminal history, including regulatory offences,
- l) The individual's own personal view or opinions, except if they are about another person,
- m) The views or opinions expressed about the individual by another person, and
- n) An identifying number, symbol or other particular assigned to the individual.

Clauses (a) to (n) of the definition "**personal information**" list examples of **personal information**. This list is not exhaustive, as the word "including" is used; clauses (a) to (n) do not set out the only information which is "personal information".

"**Record**" or "**recorded information**" means a record of information in any form, and includes information that is written, photographed, recorded or stored in any manner, on any storage medium or by any means, including by graphic, electronic or mechanical means, but does not include electronic software or any mechanism that produces records.

The Personal Health Information Act

Definition of "Personal Health Information"

"**Personal health information**" means "**recorded information**" about an identifiable individual that relates to:

- a) the individual's health or "**health care**" history, including genetic information about the individual,
- b) the provision of health care to the individual, or
- c) payment for health care provided to the individual, and includes
- d) the "**PHIN**" and any other identifying number, symbol or particular assigned to an individual, and
- e) any identifying information about the individual that is collected in the course of, and is incidental to, the provision of health care or payment for health care.

"**Health care**" means any care, service or procedure:

- a) provided to diagnose, treat or maintain an individual's physical or mental condition,
- b) provided to prevent disease or injury or promote health, or
- c) that affects the structure or a function of the body,

and includes the sale or dispensing of a drug, device, equipment or other item pursuant to a prescription.

"**PHIN**" means the personal health identification number assigned to an individual by the minister to uniquely identify the individual for health care purposes.

"**Record**" or "**recorded information**" means a record of information in any form, and includes information that is written, photographed, recorded or stored in any manner, on any storage medium or by any means, including by graphic, electronic or mechanical means, but does not include electronic software or any mechanism that produces records.



ST. JAMES-ASSINIBOIA SCHOOL DIVISION

GBJA-E-2

846765

EMPLOYEE PRINT AND DIGITAL MEDIA RELEASE FORM

The St. James-Assiniboia School Division (the “Division”) has established an online presence to further connect and form relationships with students, parents, staff and the community at large. Social media platforms, including Facebook, Twitter and Instagram will be used as communication tools to promote and celebrate our division. These platforms will be used to share information, including news articles and photos, to represent the St. James-Assiniboia School Division. Photos and captions will be published at the discretion of the Communications Officer and the Superintendent or designate.

The Division remains committed to protecting the privacy of all of its employees as outlined in Policy GBJA – Access and Privacy in St. James-Assiniboia School Division. In addition, the Division has established a protocol for publication, broadcast and distribution of digital media content under Policy IJNDBA – Print and Digital Media Publication.

Publication and Distribution of Employee Photos

Employee photographs may appear on the St. James-Assiniboia School Division website, social media platforms, or be distributed in school or Division publications (such as newsletters and yearbooks) only with prior permission from the employee.

Please check one of the following options and sign below:

Having read and understood the protocols outlined above,

YES, I DO grant the St. James-Assiniboia School Division permission to publish my photograph with my name.

NO, I DO NOT grant the St. James-Assiniboia School Division permission to publish my photograph with my name.

PLEASE NOTE: Every effort will be made to honour your request in this regard, but given your potential involvement in certain activities, if you do not wish your photo to be used, we ask that you also do your best to not be seated for photos being taken, or to advise the person who has taken the photo at that time.

Photos taken at a large scale Divisional event / public forum are excluded from this form and may appear in publication.

Employee Name (Please Print)

Location

Signature

Date

The personal information contained on this form is collected and protected under the authority of the Public Schools Act, the Education Administration Act, and the Freedom of Information and Protection of Privacy Act and will be used for administrative purposes. If you have any questions about the collection of this information contact the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, (204) 888-7951.