



## **Completing a Vulnerable Sector Check (City of Lacombe Residents):**

**Step One:** Complete the attached Volunteer Application Form ([Form 490-1](#)), the Criminal Record Declaration Form ([Form 490-2](#)) and the Vulnerable Sector Check Application ([Form 490-3](#)). Indicate on the Vulnerable Sector Check Application Form the role or roles you will have in your volunteer position. Possible roles may include:

- Field Trip Supervisor
- In-School Tutor
- Athletic Team Coach
- Off Site Change Room Supervisor
- Arena Helper (Curling/Skating)
- Club/Program Supervisor
- Healthy Living Fair Helper
- Wonderful Wednesday Helper
- Musical Theatre Helper
- Grade Six Camp Supervisor
- Extracurricular Supervisor
- Wolf Creek Student Teacher

**Step Two:** Return ALL completed forms to the School for the principal's approval.

**Step Three:** Following the Principal's approval of the application forms, the school will send you a personalized letter indicating their support for your Vulnerable Sector Check. On that letter the school will include the Vulnerable Sector Check Code Numbers which will allow the Lacombe Police Service to process your application free of charge.

**Step Four:** Bring the personalized school letter and 2 pieces of identification to the Lacombe Police Service.

**Step Five:** Once your Vulnerable Sector Check has been completed by Lacombe Police Service you will be required to pick it up and return the approved Vulnerable Sector Check to the school where it will be kept on file for 3 years.



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**Step Two:** Return ALL completed forms to the School for the principal's approval.

**Step Three:** Following the principal's approval of your application they will return to you the Vulnerable Sector Check Application Form 490-3 indicating their support for your Vulnerable Sector Check.

**Step Four:** Bring the principal's approved Vulnerable Sector Check Application Form 490-3 and 2 pieces of identification to your designated Police Service.

**Step Five:** Once your Vulnerable Sector Check has been completed by your designated Police Service you will be required to pick it up and return the approved Vulnerable Sector Check to the school where it will be kept on file for 3 years.

**Form 490-1**

v. 2025

## VOLUNTEER APPLICATION FORM

**Valid only for the current school year**

In order to ensure the security and safety of our staff and students, all volunteers in our schools need to be registered. This form must be completed annually. The information collected on this form will be held in strict confidence.

**A volunteer:**

Supports a classroom, school, or system-wide program. A volunteer is in direct contact with students, and may or may not be under the direct supervision of school staff. Volunteers are under the ultimate responsibility and supervision of the Principal at the school level. A volunteer is an optional support and agrees to undertake a designated task compliant with current legislative requirements.

You must be 18 years or older as a volunteer, WCPS students under 18 do not have to register to volunteer in our schools.

Name of School(s) and/or Site(s): École Lacombe Upper Elementary School		School Year: 2025-2026		
Your Name: (Last Name, First Name)		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
Mailing Address: (With Postal Code)		Date of Birth: (YYYY/MM/DD)		
Daytime Phone:	Evening Phone:	Cell Phone:		
<p>Do you have children or grandchildren in this school?      <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If yes, please list by name and teacher or homeroom:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Name of Student:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Teacher/Homeroom:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>			<p>Name of Student:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Teacher/Homeroom:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Name of Student:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Teacher/Homeroom:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>Do you have a criminal record for which you have not received an official pardon?   <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>Have you completed a Vulnerable Sector Check within the last three years?      <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>If yes, please include with this registration form.</p> <p>If no, please complete:   <a href="#">Form 490-2</a> - Criminal Record Declaration Form, and</p> <p style="padding-left: 100px;"><a href="#">Form 490-3</a> - Vulnerable Sector Check.</p>				

As a volunteer, WCPS would like to advise of the following conditions:

1. Confidentiality is of the utmost importance in the school setting in order to ensure that the dignity and worth of students, parents, volunteers, and school staff is honored.
2. Any information collected, used, generated, and stored by the Board of Trustees including student, instructional, financial, or administrative information is strictly confidential and is to be used only in the performance of volunteer duties.
3. You may not disclose, communicate, publish, take, alter copy, interfere with, or destroy any information unless you are specifically authorized to do so by the teacher or principal.
4. You must notify the Principal of any new criminal charges at the time the charge is made.
5. The teaching and administration staff is responsible for student learning and discipline.
6. School administration, teaching, and support staff have specific roles to play and it is important that the staff of a school operate as a team.
7. You as a volunteer can assist greatly in enhancing student learning by working positively and cooperatively with the school team.
8. Any failure to comply with these conditions or Wolf Creek Public Schools [Administrative Procedure 490 - Volunteers](#) may result in termination of your position as a volunteer.

By signing this volunteer registration form, I am agreeing to the conditions outlined.

Signature

Date (YYYY/MM/DD)

The information on this form is collected under *Alberta's Protection of Privacy Act, Access to Information Act, and the Personal Information Protection Act* to carry out our responsibilities under the *Education Act*. If you have any questions about this form please contact your school.

**Authorized by School Principal:**

Name: Craig Fullarton

Signature:

Date:

Orientation Notes:

Other:

**Form 490-2**

v. 2025

**CRIMINAL RECORD DECLARATION FORM - VOLUNTEERS**

I, \_\_\_\_\_, declare that:

- ☐ I have not been convicted of any offence under the Criminal Code of Canada,
- ☐ I have not been convicted of any offence under the Controlled Drugs and Substances Act,
- ☐ I have not been convicted of any offence under the Food and Drugs Act,
- ☐ Nor have I been the subject of an investigation, order, conviction or other process under the Child, Youth and Family Enhancement Act,
- ☐ Nor have I been charged with or convicted of any offence the nature of which is an offence against another person.

Any exceptions to the foregoing statements must be fully disclosed. If there are any convictions or unresolved charges, please list the specifics of the conviction or offence, date of conviction or offence, court location and sentence if convicted.

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Details of Child, Youth and Family Enhancement Act Proceedings if any:

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I hereby declare the contents of this application, as completed by me, to be accurate. This declaration has the same effect as if made under oath. Any misrepresentations made by me in completing this application may result in termination of my participation as a volunteer should such misrepresentations come to the attention of the school division at any time after I have become a volunteer of the school division.

Date: (YYYY/MM/DD)

Volunteer Signature:

Witness Signature:

***Please submit the completed form to the school where you volunteer and retain a copy for your records.***

*The personal information on this form is collected, used, and disclosed in accordance with the Education Act, Sections 197 and 225, and the Protection of Privacy Act, Section 4, to determine suitability for employment or engagement as a volunteer to work with students. The information collected is kept confidential and used consistently with the purpose provided under the Protection of Privacy Act, the Access to Information Act, and the Personal Information Protection Act. If you have any questions about the collection, use, and disclosure of personal information, please contact the Wolf Creek Public Schools' Access and Privacy Coordinator, 6000 Highway 2A, Ponoka, AB, T4J 1P6, Ph. 403-783-3473.*

**Distribution:** Signed Copy – School Files

**Form 490-3**

v. 2025

## VULNERABLE SECTOR CHECK - VOLUNTEERS

The named individual wishes to volunteer with Wolf Creek Public Schools, which requires the respective police agency to conduct a Vulnerable Sector Check for the following position. Volunteers within Wolf Creek Public Schools require this check because the volunteer will be :

- Working closely with children in situations where he/she will be alone with individual children and groups of children, without direct supervision or oversight from staff; and
- In a natural position of trust and authority, given the relationship between children and school volunteers

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*This position must be specific to the role and school being applied for, as per Volunteer Alberta requirements*

Volunteer's Name: (please print)	Date: (YYYY/MM/DD)
Address:	
<p><i>The Protection of Privacy Act charges Wolf Creek Public Schools with protecting the privacy of individuals, most of whom are under the age of majority. In order to show due diligence in this regard, please conduct a Vulnerable Sector Check on the person named above.</i></p>	

***Below is for School Office Use:***

***Request Authorized by School Principal***

Name: (please print)  <div style="text-align: center;">Craig Fullarton</div>	(Lacombe Use Only) VSPN #: 1736Ed0039 Position Code: Position Title:
School Name: École Lacombe Upper Elementary School	
School Address: 5414-50 Street, Lacombe, AB T4L 1G4	
Signature of School Principal:	

### Volunteer Information:

Please take this form to the local police agency associated with your legal land description/location to have the Vulnerable Sector Check completed.

<input type="checkbox"/>	Bashaw RCMP Detachment	5017 - 52nd Street	(780) 372-3793
<input type="checkbox"/>	Blackfalds RCMP Detachment	4405 South Street	(403) 885-3300
<input type="checkbox"/>	Ponoka RCMP Detachment	5120 - 50 Avenue	(403) 783-4472
<input type="checkbox"/>	Rimbey RCMP Detachment	5117 - 50 Street	(403) 843-2224
<input type="checkbox"/>	Sylvan Lake RCMP Detachment	4260 - 50 Street	(403) 858-7206
<input type="checkbox"/>	Lacombe Police Service	5301 Wolf Creek Drive	(403) 782-3279

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- You will be required to produce this form along with two pieces of government-issued identification. One must be picture identification.
  - Please provide your physical address to verify your residency.
  - Please note, your driver's license address must match your application address.
  - The results of the Vulnerable Sector Check may take between seven to 10 days or longer, depending on results.
  - A volunteer letter will be required at some detachments from the school where the person is volunteering.