

SUPERVISED ALTERNATIVE LEARNING (SAL)

SAL APPLICATION – PART 3B

VOLUNTEER INFORMATION *(to be completed for unpaid placements)*

STUDENT INFORMATION

STUDENT:
SCHOOL:

DATE OF BIRTH:
GRADE:

VOLUNTEER PLACEMENT AGENCY INFORMATION

NAME:
ADDRESS:

PHONE:

NAME OF SUPERVISOR:

DESCRIPTION OF VOLUNTEER WORK:

DAILY SCHEDULE:

TOTAL VOLUNTEER HOURS TO BE WORKED EACH WEEK:
VOLUNTEER PLACEMENT CAN BEGIN ON:

VOLUNTEER PLACEMENT SUPERVISOR STATEMENT:

I confirm that the volunteer placement will be as described above.

I am aware that the pupil named above is of compulsory school age and that consent to be absent from school will be automatically withdrawn if the above described conditions change.

I confirm that the pupil named above is old enough to engage in the volunteer placement described above and will not be placed in a situation that contravenes the Employment Standards Act, the Workplace Safety and Insurance Board Act or the Occupation Health and Safety Act.

I understand that the pupil named above will be subject to monitoring by the St. Clair Catholic District School Board and I will co-operate with them so that such can be carried out.

Volunteer Placement Supervisor's Signature: _____

Date: _____