

PALLISER REGIONAL SCHOOLS CLASSROOM VOLUNTEERS, COACHES AND SUPERVISORS ORIENTATION VERIFICATION

I,school pri	, attest I have had the opportunity to review with the ncipal (or designate) items related to being a volunteer supervisor/coach for
the follow	at the school. The orientation included discussion of ing (please check):
0	School philosophy regarding participation of students (i.e. selection, playing time, behaviour expectations, etc.)
0	Use of school facilities and equipment
0	Supervision expectations
0	Discipline and referral procedures
0	Communication with parents
0	Finances and fund-raising
0	Transportation procedures
0	Professional Development opportunities
ACKNO	WLEDGEMENT:
above iss	this verification, I signify I understand the school's positions with regard to the ues, and agree to adhere to those positions through my involvement with avolved in the activity.
Signature	 Date
WITNESS:	
Name:	(Please Print)
Signature	