



SUPERVISED ALTERNATIVE LEARNING (SAL)

SAL APPLICATION – PART 3B

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

STUDENT INFORMATION

STUDENT: _____ DATE OF BIRTH: _____
SCHOOL: _____ 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that the pupil named above is of compulsory school age and that consent to be absent from school will be automatically withdrawn if the above described conditions change.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: _____