



# SCHOOL PACKAGE RENEWAL APPLICATION

### INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms.
2. Attach a copy of the most recent Annual Return.
3. Sign and date the completed form.

## GENERAL, CONTACT, & MUNICIPAL QUESTIONS

ORGANIZATION NAME:

MEMBER ID:

MUNICIPALITY:

MAILING ADDRESS:

POSTAL CODE:

CONTACT:

PHONE #:

POSITION:

EMAIL:

1. Is your organization registered as a not-for-profit entity?  Yes  No
2. What division is your school part of?  Public / Separate  Charter  Private
  - a. If 'public / separate', how many schools are in your jurisdiction? \_\_\_\_\_
  - b. If 'private' or 'charter', how many students do you have in the following?  
 Kindergarten \_\_\_\_\_ Elementary \_\_\_\_\_ Jr High \_\_\_\_\_ Sr High \_\_\_\_\_ Home School \_\_\_\_\_
3. Do you employ any healthcare professionals including but not limited to doctors, nurses, EMT's, paramedics, social workers, coucilor?  Yes  No  
 If yes, please complete the attached healthcare questionnaire.

## POLICIES / PROCEDURES

1. Do you have written policies and procedures in place for the following areas?
 

a. Fire Drills <input type="checkbox"/> Yes <input type="checkbox"/> No	f. Student Conduct <input type="checkbox"/> Yes <input type="checkbox"/> No	k. Student Conduct on School Buses <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Bomb Threats <input type="checkbox"/> Yes <input type="checkbox"/> No	g. Extracurricular Activities <input type="checkbox"/> Yes <input type="checkbox"/> No	l. Transportation in Private Vehicles <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Inclement Weather <input type="checkbox"/> Yes <input type="checkbox"/> No	h. Crisis Management <input type="checkbox"/> Yes <input type="checkbox"/> No	m. School Bus Safety Precautions <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Field Trips <input type="checkbox"/> Yes <input type="checkbox"/> No	i. Sexual Molestation <input type="checkbox"/> Yes <input type="checkbox"/> No	n. Emergency Measures <input type="checkbox"/> Yes <input type="checkbox"/> No
e. Student Violence <input type="checkbox"/> Yes <input type="checkbox"/> No	j. Maintenance of School and Grounds <input type="checkbox"/> Yes <input type="checkbox"/> No	o. Medical Treatment of Students <input type="checkbox"/> Yes <input type="checkbox"/> No

# SCHOOL PACKAGE RENEWAL APPLICATION

## POLICIES / PROCEDURES (CONT'D)

- p. Alcohol in the School  Yes  No
- q. Activities During Recesses  Yes  No
- r. Off Campus Education Programs  Yes  No
- s. Community use of School Facilities  Yes  No
- t. Employee Practices  Yes  No
2. Do you operate a daycare or a day school?  Yes  No  
If yes, please provide details: \_\_\_\_\_
3. Do you conduct any activities away from the premises such as camps, day trips, overnight trips, etc?  Yes  No  
If yes, please provide details: \_\_\_\_\_
4. Do you require a minimum of two persons supervising children / youth / vulnerable adults?  Yes  No  
If yes, please provide details: \_\_\_\_\_
5. Are abuse and neglect laws reviewed with all new employees and volunteers?  Yes  No
6. Does the organization have a designated abuse prevention committee?  Yes  No
7. Does the organization have a written policy with regard to abuse and abuse prevention  Yes  No
8. Has it been reviewed and approved by legal counsel?  Yes  No
9. Is this policy reviewed in detail with all employees, volunteers, or any person acting on behalf of the Insured that have client contact?  Yes  No
10. Response Procedure
- a. Are all incidents are required to be reported?  Yes  No
- b. Is there a formal abuse response procedure?  Yes  No
- c. Are there detailed investigation procedures in regards to incidents or abuse?  Yes  No
- d. Is there a requirement to report all incidents related to actual or suspected abuse?  Yes  No
- e. Is there a requirement that more than one person is present at all times when clients are in the care of the organization?  
 Yes  No
- f. Are there procedures for monitoring new employees and volunteers during client contact?  Yes  No
11. Are all employees and volunteers trained in recognizing possible abuse?  Yes  No
12. Written procedures  
Please provide use with a copy of the written procedures in place with respect to:
- a. Screening procedures for new employees (including seasonal and temporary workers) and volunteers.  Attached  N/A
- b. Prevention of abuse.  Attached  N/A
- c. Initial and ongoing training for employees (including seasonal and temporary workers) and volunteers.  Attached  N/A
- d. Investigation procedures on abuse or allegations including reporting procedures and management.  Attached  N/A

# SCHOOL PACKAGE RENEWAL APPLICATION

## SCREENING

### Employees

### Volunteers

- |  |  |  |
|--|--|--|
| 1. Applications are required.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Interview   |  |  |
| a. Face-to-face interview  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Phone interview   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. The interview is conducted by more than one person.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. There is a written set of interview question for employees.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Behavioural interviewing techniques are used.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Reference checks are performed.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Criminal Background Checks  |  |  |
| a. Provincial Check  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Federal Check   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Abuse Registry Check  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. The applicant is observed interacting with clients.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. There is a checklist of indicators for abuse potential.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Does the applicant conduct any other activities for children / youth / vulnerable adults?<br>If yes, please provide details: _____<br>_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## SCHOOL BUS SERVICES

1. Do you operate your own school bus services or do you contract it out?  Own  Contracted  Both  
 If you operate your own school buses, please answer the following questions:
  - a. Do you have documented hiring practice guidelines in place that you adhere to?  Yes  No
  - b. Do you keep records of mileage logs, fuel and oil changes, and repair logs?  Yes  No
  - c. Do you keep records of any complaints received from the public?  Yes  No
  - d. Do you have a routine maintenance program?  Yes  No
  - e. If you contract out school bus services, did you get a legal opinion on the contract?  Yes  No
  - f. Did you review the contract to ensure that the contractor will defend and indemnify you in the event of a law suit?  
 Yes  No
  
2. If parents or volunteers participate in transporting children on field trips or volunteer in school, please answer the following questions:
  - a. Do parents sign waivers?  Yes  No
  - b. Is proof of insurance requested from the driver?  Yes  No
  - c. Do you get copies of driver abstracts on the drivers?  Yes  No
  - d. Is there a board policy on students using their vehicles on school trips?  Yes  No
  - e. Are parents / volunteers required to provide a criminal record check?  Yes  No

# SCHOOL PACKAGE RENEWAL APPLICATION

## PHYSICAL ACTIVITIES

1. Please advise if your school is involved in any of the following physical activities:

- |                 |  |                     |  |                    |  |
|-----------------|--|---------------------|--|--------------------|--|
| a. Archery      | <input type="checkbox"/> Yes <input type="checkbox"/> No | i. Horseback Riding | <input type="checkbox"/> Yes <input type="checkbox"/> No | q. Swimming        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Ball Hockey  | <input type="checkbox"/> Yes <input type="checkbox"/> No | j. Skateboarding    | <input type="checkbox"/> Yes <input type="checkbox"/> No | r. Parachute Games | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Field Hockey | <input type="checkbox"/> Yes <input type="checkbox"/> No | k. Martial Arts     | <input type="checkbox"/> Yes <input type="checkbox"/> No | s. Alpine Skiing   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Floor Hockey | <input type="checkbox"/> Yes <input type="checkbox"/> No | l. Outdoor Camping  | <input type="checkbox"/> Yes <input type="checkbox"/> No | t. Tobogganing     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Ice Hockey   | <input type="checkbox"/> Yes <input type="checkbox"/> No | m. Canoe Tripping   | <input type="checkbox"/> Yes <input type="checkbox"/> No | u. Triathlon       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Basketball   | <input type="checkbox"/> Yes <input type="checkbox"/> No | n. Rock Climbing    | <input type="checkbox"/> Yes <input type="checkbox"/> No | v. Football        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Gymnastics   | <input type="checkbox"/> Yes <input type="checkbox"/> No | o. Winter Camping   | <input type="checkbox"/> Yes <input type="checkbox"/> No | w. Other           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Firearms     | <input type="checkbox"/> Yes <input type="checkbox"/> No | p. Kayaking         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |  |

2. If you have these activities, do you follow the Alberta School Safety Guidelines?  Yes  No
3. Do you get Medical Information Forms on your students for above activities?  Yes  No
4. Do you receive and record Emergency Protocol Cards for your students?  Yes  No
5. Do you receive and record Accident / Injury Report forms?  Yes  No
6. Do you receive and record information and consent forms from parents?  Yes  No

## PLAYGROUNDS

1. Do you have playground equipment at your school?  Yes  No
- a. Do you have a regular and recorded maintenance program for playground equipment?  Yes  No
2. Do you have a joint use agreement with your municipality with respect to the playground equipment?  Yes  No
- a. If 'yes', who is responsible for the maintenance of school-owned equipment? \_\_\_\_\_
- b. Do you have a playground supervision policy?  Yes  No

## THIRD PARTY RENTAL

1. Do you rent out your premises to third parties?  Yes  No
- a. If 'yes', does the third party sign a user agreement?  Yes  No
2. Do you require the third party to provide you with certificates of insurance?  Yes  No

## STUDENT PROGRAMS & COMMITTEES

1. Do you offer a work experience program for your students?  Yes  No
- a. If 'yes', please advise on which occupations: \_\_\_\_\_
3. Do you have an early intervention program?  Yes  No
- a. If 'yes', is it staffed by your own employees or contractors?  Employees  Contractors
4. Do you have a Family Community Support Service connected with your school?  Yes  No
- a. If 'yes', are they incorporated?  Yes  No
- b. If 'yes', please define the role of the FCSS: \_\_\_\_\_

# SCHOOL PACKAGE RENEWAL APPLICATION

## STUDENT PROGRAMS & COMMITTEES (CONT'D)

5. Do you sign any agreements where you assume liability for another party?  Yes  No
6. Do you have Parent Committees?  Yes  No
7. Do you have a Volunteer Program?  Yes  No
- a. If yes, please describe: \_\_\_\_\_
8. What committees are run by the parents? \_\_\_\_\_
9. Briefly outline the activities of your student council(s). \_\_\_\_\_
- \_\_\_\_\_

## SCHOOL MAINTENANCE

1. Is the maintenance of your school(s) done by employees or outside contractors?  Employees  Outside contractors
- a. If 'outside contractors', do you request certificates of insurance from your contractor?  Yes  No

## BOND & CRIME

Please indicate if you require coverage:  Yes  No

### COVERAGE REQUIRED

- |                                      |                                   |                                    |                                    |                                   |                                   |
|--------------------------------------|-----------------------------------|------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| Employee Dishonesty:                 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$250,000 |                                   |                                   |
| Loss Inside / Outside Premises:      | <input type="checkbox"/> \$5,000  | <input type="checkbox"/> \$10,000  |                                    |                                   |                                   |
| Money Orders / Counterfeit Currency: | <input type="checkbox"/> \$20,000 |                                    |                                    |                                   |                                   |
| Depositor's Forgery Coverage:        | <input type="checkbox"/> \$5,000  | <input type="checkbox"/> \$10,000  | <input type="checkbox"/> \$15,000  | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 |
| Remote Access Telephone Fraud:       | <input type="checkbox"/> \$2,500  | <input type="checkbox"/> \$5,000   | <input type="checkbox"/> \$7,500   | <input type="checkbox"/> \$10,000 |                                   |
| Employee Theft of Client Property:   | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$250,000 |                                   |                                   |

*\*If higher limits are required, please contact our office.*

Total # of Employees: \_\_\_\_\_

## INTERNAL PROCEDURES

**WARRANTY: If you answer "no" to two questions in this section, from questions 1 to 3, employee dishonesty coverage will be limited to \$5,000.**

As part of your routine practises:

1. Do you require dual cheque signing as part of your cheque issuing process?  Yes  No
2. Is there a separate individual who reconciles bank statements that DOES NOT have cheque signing authority?  Yes  No
3. Do you perform an annual independent financial audit for your organization?  Yes  No

### WITH REFERENCE TO YOUR PREVIOUSLY COMPLETED FIDELITY BOND APPLICATION

1. Have there been any changes in your employment practices procedures?  Yes  No
2. Have there been any changes in your computer systems controls?  Yes  No
3. Have there been any changes in your funds transfer procedures?  Yes  No

# SCHOOL PACKAGE RENEWAL APPLICATION

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## WITH REFERENCE TO YOUR PREVIOUSLY COMPLETED FIDELITY BOND APPLICATION (CONT'D)

4. If coverage is carried under insuring agreements II (Inside Robbery) or III (Outside Robbery):
- a. Has any new security protection been put in place, such as crime resistant vaults, safes, electronic alarms, surveillance, watchmen, or guard services?  Yes  No
  - b. Have there been changes in the maximum daily or overnight exposures of money, cheques or securities?  Yes  No
- If yes to any of the above, please provide details: \_\_\_\_\_  
\_\_\_\_\_

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### SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

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### PRINTED NAME

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POSITION / TITLE

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DATE