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SCHOOL RENEWAL APPLICATION

INSTRUCTIONS:

1. Please answer all questions – we cannot process incomplete forms.
2. Sign and date the completed form.

GENERAL, CONTACT, & MUNICIPAL QUESTIONS

ORGANIZATION NAME:

MEMBER ID:

MAILING ADDRESS:

LONGITUDE:

LATITUDE:

POSTAL CODE:

CONTACT PERSON:

PHONE NO.:

POSITION:

EMAIL:

1. What division is your school part of? ☐ Public / Separate ☐ Charter ☐ Private
 - a. How many schools are in your jurisdiction? _____
 - b. How many students do you have in the following?
Kindergarten _____ Elementary _____ Jr High _____ Sr High _____ Home School _____
2. Are you required under contract to carry Medical Malpractice Insurance? ☐ Yes ☐ No
If yes, please attach the contract.

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 / Abuse <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

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POLICIES / PROCEDURES (CONT'D)

- p. Alcohol / Drugs 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 before/after school program? ☐ 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. Have the policies been reviewed and approved by legal counsel? ☐ Yes ☐ No
9. Are the policies 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

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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 potential abuse. | <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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide details: _____ | | |

SCHOOL BUS SERVICES

- 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:
 - How many Contract Bus Operators (CBO's) do you have? _____
 - Do you have documented hiring practice guidelines in place that you adhere to? ☐ Yes ☐ No
 - Do you keep records of mileage logs, fuel and oil changes, and repair logs? ☐ Yes ☐ No
 - Do you keep records of any complaints received from the public? ☐ Yes ☐ No
 - Do you have a routine maintenance program? ☐ Yes ☐ No
 - If you contract out school bus services to a third a party, did you get a legal opinion on the contract? ☐ Yes ☐ No
 - Did you review the contract to ensure the third party contractor will defend and indemnify you in the event of a law suit?
☐ Yes ☐ No
- If parents or volunteers participate in transporting children on field trips or volunteer in school, please answer the following questions:
 - Do parents sign waivers? ☐ Yes ☐ No
 - Is proof of insurance requested from the driver? ☐ Yes ☐ No
 - Do you get copies of driver abstracts on the drivers? ☐ Yes ☐ No
 - Is there a board policy on students using their vehicles on school trips? ☐ Yes ☐ No
 - Are parents / volunteers required to provide a criminal record check? ☐ Yes ☐ No

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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. Wall Climbing | <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 | x. Other | <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: _____

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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
- a. If 'yes', is the Parent Council a Registered Entity? ☐ Yes ☐ No
7. Do you have a Volunteer Program? ☐ Yes ☐ No
- a. If yes, please describe: _____
8. If you have a student council(s), briefly outline their activities. _____
- _____

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

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.)

PRINTED NAME

POSITION / TITLE

DATE