



VOLUNTEER REGISTRATION FORM

DATE OF APPLICATION: _____

FULL NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

HOME PHONE: _____ MOBILE: _____

WORK: _____

EMAIL: _____

PREFERRED CAMPUS (please circle) GOOLWA VICTOR HARBOR

DAYS AVAILABLE (please circle) MON TUES WED THURS FRI

TIMES AVAILABLE _____

AREA OF INTEREST: (ie library, canteen, learning support, etc) _____

PLEASE LIST EXPERIENCE, SKILLS OR QUALIFICATIONS RELEVANT TO YOUR AREA OF INTEREST

EMERGENCY CONTACT

Please provide the details of an emergency contact:

Name: _____

Address: _____

Contact Number: _____ Relationship: _____



VOLUNTEER AGREEMENT

As a volunteer at Investigator College, I agree to:

1. Take all reasonable steps to protect my own health and safety while on school property.
2. Discuss any concerns in relation to College matters with the appropriate staff member of Senior Management of the College.
3. Keep all College related matters confidential and under no circumstances approach parents or community members in relation to issues arising at the College.
4. Keep confidential any personal or sensitive information of which I become aware through my involvement with the College.
5. Abide by the terms and conditions detailed in the Volunteer Policy.

As a volunteer:

1. I understand that the College has a strict no alcohol policy for supervisors of all student activities. This includes camps, excursions, etc whether on or off College grounds.
2. I have participated in an induction program and I understand my responsibilities regarding Mandatory Reporting and Work, Health & Safety.
3. I have applied for a Working With Children Check before commencing volunteer work at the College, and agree to update this prior to the expiration of the check.
4. I acknowledge that this completed form and a copy of my Working With Children Check will be held on file at the College.
5. I have never been charged with a criminal offence involving children, dishonesty or violence.
6. I understand that if I breach any of the above agreements, my involvement as a volunteer may be concluded.

Name _____ Signed _____

Date _____