



# Volunteer Registration Form



Please complete this form (marking boxes clearly) and return to the Investigator College Administration to register your interest in volunteering at Investigator College.

## Personal Information

Full Name:

Address:

City/Town:

State:

Postcode:

Date Of Birth:

 

Gender:

Email Address:

Home Phone:

Mobile Phone:

## Emergency Contact Information

Full Name:

Address:

Contact Phone:

Relationship to You:

## Working With Children Check (WWCC)

Working With Children Check (WWCC) SRN Number:

**A copy of your Working With Children Check MUST be provided with your Registration Form**

## Volunteer Activity Preferences

Please select your areas of interest:

- |                          |                              |                          |                                    |
|--------------------------|------------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <b>Library</b>               | <input type="checkbox"/> | <b>Agriculture</b>                 |
| <input type="checkbox"/> | <b>Classroom Support</b>     | <input type="checkbox"/> | <b>Conservation and Landcare</b>   |
| <input type="checkbox"/> | <b>Grounds and Gardening</b> | <input type="checkbox"/> | <b>Coding and Robotics</b>         |
| <input type="checkbox"/> | <b>Animal Care</b>           | <input type="checkbox"/> | <b>Music/Performing Arts</b>       |
| <input type="checkbox"/> | <b>STEP Programs</b>         | <input type="checkbox"/> | <b>Sport and Outdoor Education</b> |
| <input type="checkbox"/> | <b>Excursions/Camps</b>      | <input type="checkbox"/> | <b>Cooking and Hospitality</b>     |

Which days are you available?

- Monday**  
 **Tuesday**  
 **Wednesday**  
 **Thursday**  
 **Friday**

Please list any specific experience, skills or qualifications relevant to your areas of interest:

<hr/> <hr/> <hr/>
-------------------

## Volunteer Agreement

**As a volunteer at Investigator College, I agree to:**

1. Take all reasonable steps to protect my own health and safety whilst on College property.
2. Discuss any concerns in relation to your volunteer work with the appropriate staff member 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 applied for a DHS Working With Children Check before commencing volunteer work at the College, and agree to update this prior to the expiration of the check.
3. I acknowledge that this completed form and a copy of my Working with Children Check will be held on file at the College.
4. I have never been charged with a criminal offence involving children, dishonesty or violence.
5. I understand that if I breach any of the above agreements, my involvement as a volunteer may be terminated.

Name:

--

Date:

/	/
---	---

Signature:

--