

Volunteer Application Form

Completed forms may be returned to St Agnes School Front Office



About You

Mr Mrs Ms Miss Other Surname: _____
 Preferred Name: _____
 Given Name/s: _____
 Postal Address: _____ Suburb: _____ P/Code: _____
 Home Phone: _____ Mobile: _____
 E-mail: _____
 Gender: Male Female

Skills, Experience & Qualifications

Have you done any volunteer work before? Yes No
 If 'yes' what were you doing? _____

Why do you want to volunteer with our school? What do you hope to offer/gain?

Please indicate below;

To help others To give back to the Community To feel needed & valued
 To help me gain experience for paid work To meet new people Other: _____
 For fun To share/gain skills

What type of area or program would you be interested in volunteering with?

Administration Classroom reading, craft Events
 Library support Gardening/ Landscaping Canteen
 Vacation programs Excursions: transport/supervision SAPSASA sporting events
 OSHC programs Preschool programs
 Fundraising – BBQ's, Special Person's stalls, Quiz Nights Handyman/ General Maintenance Other: _____

When would you be available to volunteer with us?

	AM (9-12 noon)	PM (12 noon to 3pm)
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>

How often would you like to volunteer with us?

Weekly Fortnightly
 A few times a week Occasionally

What do you like to do in your spare time? Please indicate below (i.e. gardening, reading, cooking)

What sort of work have you done previously? Please indicate below (i.e. Administration, retail)

Police Check Information

All volunteers are required to undertake a DCSI Criminal History Screening prior to starting with us.

Do you have a current DCSI? No Yes Issue Date: _____

If no please see front office staff who will help with an application

Emergency Contact Details (Please provide details of parent/guardian if under 18 years).

Please provide the details of 2 people we can contact in case of an emergency.

1 Name: _____

Relationship: _____ Contact Number: _____

2 Name: _____

Relationship: _____ Contact Number: _____

Medical Information

We recognise that some people will have medical conditions and ask that these be disclosed prior to being placed in a volunteer role so any necessary adjustments can be made to support you.

Do you suffer from any medical conditions that we should be aware of that may affect your ability to undertake your role? Yes No If "yes", please provide details below:

Consents

I give permission for my name and/or photograph to be used in any official school publications - such as the Annual Report or Newsletter Yes No

I agree to completing and providing a DCSI Criminal History Check Yes No

Statement of Agreement

I declare that all the information I have provided on this form is true and accurate.

If accepted as a volunteer, I agree to abide by the rules and direction of the St Agnes School's policies and staff. Further, I understand that it is my obligation and responsibility to the St Agnes School, it's students, volunteers and staff, not to disclose any confidential information obtained in the course of duty. If accepted, I understand that my information may be shared with other volunteers and staff as appropriate, but will remain confidential.

Signature of Applicant : _____ **Date:** _____

We thank you for considering volunteering with St Agnes School.

Process: (Office Use Only)