



## VOLUNTEER DETAILS FORM, HEALTH FORM & DECLARATION FORM

### VOLUNTEER DETAILS FORM

#### PERSONAL DETAILS

Surname:

Given Name:

Home Address:

Postcode:

Postal Address:

Home Telephone:

Mobile Phone:

Email Address:

Date of Birth:

Religion:

#### EMERGENCY CONTACTS

##### Emergency Contact 1:

Name:

Relationship:

Home Address:

Postcode:

Home Telephone:

Mobile Phone:

##### Emergency Contact 2:

Name:

Relationship:

Home Address:

Postcode:

Home Telephone:

Mobile Phone:

#### VOLUNTEER IDENTIFICATION

**Type of identification:** (eg birth certificate, current passport, driver's license, marriage certificate, or other for any changes of name)

**ID number:**

If volunteering as a driver, driver's license number, car registration, & third party insurance, as applicable

#### If Work Experience Student:

Has letter from Principal attesting to student's character and suitability to undertake work experience been received?

Yes / No

Date:

#### AREA OF INVOLVEMENT

Please indicate in which area(s) you will be volunteering eg classroom, sport, cleaning, excursions

Please give details of your experience or other relevant information relating to the area(s) of involvement

**Start Date of volunteering:**

**End Date of volunteering: (if known)**

## VOLUNTEER HEALTH FORM - CONFIDENTIAL

### MEDICAL CONTACT DETAILS

Doctor's Name:

.....

Doctor's Telephone Number: .....

Ambulance Cover: Yes No (Please circle one)

Private Health Cover: Yes No (Please circle one)

Fund name: .....

### HEALTH CARE DETAILS

Do you have any medical condition, allergy or other health care concerns which we should be aware of in an emergency? Yes No (Please circle one)

If yes, please provide details: .....

.....

.....

Are you aware of any medical condition that you have that could result in a medical emergency?

Yes No (Please circle one) If Yes, Please provide details of possible emergency and how to recognise it.

.....

Emergency treatment: .....

.....

### MEDICAL CONSENT AND ACKNOWLEDGEMENT

In case of an emergency, and in the event that I am unable to give consent at the time, I give the School permission to use their judgement in obtaining any medical attention which they may consider necessary. I consent to my doctor or medical specialist being contacted in a Medical Emergency.

To the best of my knowledge I have no known medical condition that would affect my role(s) in the areas of involvement as nominated in the Volunteer Details Form, and I will advise the school if my circumstances change.

I acknowledge my medical information will be kept on file at the school.

Signature of Volunteer:

Date:

## VOLUNTEER DECLARATION FORM

### Child Protection and Privacy

Volunteers play an important role in the education of children and young people in partnership with the staff of Catholic schools. Catholic schools must only engage volunteers who are appropriate, suitably skilled, trained and or qualified to work with children and young people.

St Thomas School & Preschool is committed to providing the highest possible level of safety and security for students and staff, including volunteers. An integral aspect of is to ensure that all adults who have access to children and young people during the course of school activities are persons of high integrity who pose no threat to the emotional and physical wellbeing and safety of students. Therefore, electronic screening occurs for all volunteers in education settings in our diocese undertake, and volunteers are required to complete 'Responding to Risks of Harm, Abuse and Neglect – Education and Care' training for volunteers. Our school requires all volunteers to obtain and hold a valid and current Working With Children's Check and Catholic Clearance.

To be considered as a volunteer at St Thomas School & Preschool you are required to complete the following declaration. Upon receipt of an individual's Volunteer Application, the Principal or responsible person will forward the 'Authority to Access Personal History' Information to the Catholic Education Office for processing. All other information that relates to the privacy of individuals will be held at the school in a secure place and only accessed by the Principal or Delegated Person of Responsibility).

**DECLARATION BY VOLUNTEER APPLICANT**

- I agree to take all reasonable steps to protect my own health and safety and that of others while on school property and/or while undertaking duties for the school
- I agree to keep confidential any personal or sensitive information of which I become aware through my involvement with the school
- I understand that a range of screening procedures are required for all volunteers.
- I agree to undertake Responding to Abuse and Neglect online training (Certificate of Completion to be handed in.)

Have you ever been charged with a criminal offence involving children, drug dealing, dishonesty or violence? If YES YES / NO  
 please provide details: .....  
 .....  
 .....

- I declare that I am a fit and proper person of good character. Below are the names and details of 2 referees who will attest to my good character.  
 \* If not previously well known to the school community, provide referee e.g. previous or current employer, doctor, lawyer, JP, teacher etc.  
 \* If well known to the school community, provide names & positions of 2 staff members who know you

- I have been inducted and read and understood the information in the Volunteer's Handbook.
- I have received a Volunteer Induction Pack including the 'Responding to Abuse and Neglect' Volunteers Handbook, and the Volunteer Details, Declaration and Induction Checklist, and Work Health and Safety information for volunteering at the school. I have read and understood the contents and sought and received adequate explanation for any queries I might have had.

- I acknowledge that this completed form will be kept on file at the school.

**I agree to comply with the policies, procedures and guidelines as outlined above.**

**Name:**

**Signature:**

**Date:**

**Referee 1: (if referee is a staff member at the school, please state name and position)**

**Name:**

**Organisation:**

**Position / role:**

**Address:**

**Telephone Number:**

**Mobile Phone:**

**Referee 2: (if referee is a staff member at the school, please state name and position)**

**Name:**

**Organisation:**

**Position / role:**

**Address:**

**Telephone Number:**

**Mobile Phone:**