

Volunteer application form – confidential

Name of site or service: PARKSIDE PRIMARY SCHOOL



Your personal details

Are you a parent or guardian of a child at this location? Yes No

Child/ren's Name: _____

Given name:		Preferred Name:	
Family name:			
Home address:		Date of birth:	
		Female / male / other/not disclosed	
Postal address: <i>Same as above</i> <input type="checkbox"/>		Home phone:	
		Mobile:	
Email address:			
Emergency contact name:		Emergency contact phone:	
<p>Do you have any psychological or medical conditions that might affect your ability to volunteer? Or anything we need to know in case of an emergency?</p> <p>For example: diabetes, severe food allergy, asthma, epilepsy Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If yes please give details below and discuss at your interview.)</p>			
<p>Do you need any assistance because of a disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If yes please give details below and discuss at your interview.)</p>			



Your volunteering, employment or study details

Tell us about something you've done recently	
Name of organisation:	
Organisation phone:	

How can you connect with our community?

Your country of birth:	
Are you of Aboriginal and/or Torres Strait Islander origin?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not stated <input type="checkbox"/>
Languages you speak other than English:	
Availability: What days and times do you think you could volunteer?	
Tell us about yourself: List a few things that you can contribute to your role as a volunteer. For example, mentoring, gardening, storytelling, administration, sport and so on.	

Screening

<p>Volunteering with us might mean that you need a working with children check.</p> <p>You understand that if a working with children check is needed you will not be able to start volunteering until a clearance has been received. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you have a working with children check already, please provide us with your screening reference number: _____</p>
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Your personal referees

We will contact these people to find out a bit more about you. It's okay if it's someone at our school or centre who already knows you. We just need at least one person's details.

Referee 1

Name:	Email or phone:
How do you know this person? <input type="checkbox"/> friend <input type="checkbox"/> relative <input type="checkbox"/> employer <input type="checkbox"/> volunteer coordinator <input type="checkbox"/> other (please specify):	

Referee 2

Name:	Email or phone:
How do you know this person? <input type="checkbox"/> friend <input type="checkbox"/> relative <input type="checkbox"/> employer <input type="checkbox"/> volunteer coordinator <input type="checkbox"/> other (please specify):	

Volunteer declaration – confidential

To make sure we meet our commitment to child safety, we need this information and declaration from you.

If you have any questions about this declaration, please talk to the education or early childhood service leader.

Have you ever been investigated or found guilty of any criminal offence, including any traffic offences not resolved by expiation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been dismissed or resigned from any employment or a volunteer role in response to or following allegations of improper conduct relating to children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been the subject of allegations or an investigation or any other process relating to alleged misconduct by you as a volunteer or an employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever been the subject of allegations of inappropriate conduct of a violent or sexual nature towards or in relation to anyone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been refused a child-related employment screening or working with children check in South Australia or in another Australian jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a prohibited person, as identified in the <i>Child Safety (Prohibited Persons) Act 2016</i> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Note: If you answered 'yes' to any of the above questions, you might be asked for more details, including any relevant documentation, before you can be placed as a volunteer.		
You understand that if the information in this application or declaration changes, it is your responsibility to advise the education and early childhood service leader as soon as possible.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I confirm and declare that to the best of my knowledge I have truthfully answered all questions. I understand that if I provide any false or misleading information I cannot start or stay on as a volunteer.

Your signature: _____ Date: _____ day/month/year)

Please give this completed form and declaration to the centre, preschool or school you want to volunteer at. They might contact you and organise a time for an interview or a chat.

The information you provide will be treated sensitively and confidentiality according to the [State Records Act 1997](#) and the [Information Privacy Principles Instruction](#).

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