

Volunteer application form – confidential

Name of site or service: Flagstaff Hill Primary School

Your personal details

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

| | | | |
|--|--|-----------------------------------|--|
| Given name: | | Preferred name for name badge: | |
| Family name: | | | |
| Home address: | | Date of birth: | |
| | | Female / male / gender of choice: | |
| 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? For example: diabetes, severe food allergy, asthma, epilepsy (If yes please give details below and discuss at your interview.)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | | |
| <p>Do you need any special assistance because of a disability? (If yes please give details below and discuss at your interview.)</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | | |

Your volunteering, employment or study details



Government of South Australia
 Department for Education and
 Child Development

| | |
|--|--|
| 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

| | |
|--|--|
| Volunteering with us might mean that you need a relevant history screening. | |
| You understand that if a screening is needed you will not be able to start volunteering until a clearance has been received. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 site 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, you can talk to a site leader about it.

| | | |
|--|------------------------------|-----------------------------|
| Have you ever been investigated, arrested, reported for or pleaded or found guilty of any criminal offence including any traffic offences (not including parking infringements)? | 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"/> |
| You understand that if the information in this application or declaration changes, it is your responsibility to advise the DECD site leader as soon as possible. | 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.

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](#).

OFFICE USE ONLY

Site leader: Proof of ID sighted File created and stored securely and confidentially