New Volunteer Application Form

Contact Details

Family Name:				First Name:					
Preferred Name:					Date of Birth:	DD/MM/YYYY			
Postal Address:									
	Suburb				Postcode .				
Telephone Numb	pers: (H)		(W)		(M)				
Email Address:									
Emerge	ncy Co	ntact							
In case of emergo	ency, notify:								
Relationship to yo	ou:								
Telephone Numb	pers: (H)		(W)		(M)				
Do you need to advise us of any health/medical or other considerations that might impact your work as a school volunteer?									
_									
Personal Information									
Relationship with	n school (eg p	oarent, grandpa	rent, past student, r	eighbour, member	of Parish community	etc):			
Relevant qualifications, skills, experience that might assist the school:									

CONTINUED OVER

Are there p	articular school act	tivities that you would like	e to assist?			

Other com	munity or voluntee	r involvement (past or cui	rrent):			
• • • • • • • • • • • • • • • • • • • •						

Is there any	thing you personal	lly wish to accomplish as a	a school volunt	teer?		

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						• • • • • • • • • • • • • • • • • • • •
Volur	nteer Dec	laration				
		ration is made of my own	froo will thoro	is no financial na	mont and it is of bon	ofit to the school
	-	comply with all school pol				
Education (Code of Conduct fo	or Parents and Volunteers.	I understand t	hat the informati	on provided on this fo	orm will be used
		will not be passed on to a				
SCHOOLS OD	ligations under the	Privacy Act, expressed th	rough the Cair	ns Catholic Educa	ation Privacy Policy St	atement.
I declare th	at I am over the age	e of 18 years and:				
• I hold a	current positive n	otice (Blue Card) issued by	y the Departm	ent of Justice and	Attorney-General: Blu	ue Card Services.
Blue Ca	ard number:			Expiry date:	DD/MM/YYYY	
Or						
• lamaı	registered teacher u	under the <i>Education (Quee</i>	ensland College	of Teachers) Act 2	005, or police officer,	and hold a Blue Card
Exemp	tion issued by the [Department of Justice and	d Attorney-Ger	eral: Blue Card Se	ervices.	
Exemp	tion Card number:					
Or						
		a school at which my chil				•
respect	t of child-related ac	ctivities; but I am not disqu	ualified from ap	oplying for a Blue	Card or Exemption Ca	ard.
ı						
Signature:			Date:	DD/MM/YY	YYY	

THANK YOU FOR COMPLETING THIS FORM