

New Volunteer Application Form

Contact Details

Family Name: First Name:

Preferred Name: Date of Birth:

Postal Address:

Suburb Postcode

Telephone Numbers: (H) (W) (M)

Email Address:

Emergency Contact

In case of emergency, notify:

Relationship to you:

Telephone Numbers: (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 school (eg parent, grandparent, past student, neighbour, member of Parish community etc):

Relevant qualifications, skills, experience that might assist the school:

CONTINUED OVER

Are there particular school activities that you would like to assist?

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Other community or volunteer involvement (past or current):

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Is there anything you personally wish to accomplish as a school volunteer?

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Volunteer Declaration

I acknowledge that this application is made of my own free will, there is no financial payment and it is of benefit to the school. As a volunteer I undertake to comply with all school policies and to conduct myself in a manner consistent with the Catholic Education Code of Conduct for Parents and Volunteers. I understand that the information provided on this form will be used only for school purposes and will not be passed on to any other organisation, unless required to do so by law, consistent with the school's obligations under the Privacy Act, expressed through the Cairns Catholic Education Privacy Policy Statement.

I declare that I am over the age of 18 years and:

- I hold a current positive notice (Blue Card) issued by the Department of Justice and Attorney-General: Blue Card Services.

Blue Card number: Expiry date:

Or

- I am a registered teacher under the *Education (Queensland College of Teachers) Act 2005*, or police officer, and hold a Blue Card Exemption issued by the Department of Justice and Attorney-General: Blue Card Services.

Exemption Card number:

Or

- I am a parent volunteer at a school at which my child/children attend(s). I do not hold a Blue Card or an Exemption Card in respect of child-related activities; but I am not disqualified from applying for a Blue Card or Exemption Card.

Signature:

Date:

THANK YOU FOR COMPLETING THIS FORM