



TRINITY COLLEGE GAWLER INC.

VOLUNTEER AGREEMENT AND DETAILS FORM

Full Name: _____

Date of Birth: _____

Address: _____

Phone Numbers: (H) _____ (W) _____

(M) _____

Email: _____

Area of Interest: _____

Qualifications/Training: _____

Work or Voluntary Experience: _____

Connections with College (i.e. parent, relative) _____

Why do you wish to volunteer at the College? _____

Do you have a current first aid certificate? Yes / No (please circle)

If yes, when did you receive your certificate? _____

Can you speak another language other than English? Yes / No (please circle)

If yes, please state other language(s) spoken _____

Preferred School: North South Gawler River Blakeview Senior College
(Please circle)

Preferred Days/Hours: _____



TRINITY COLLEGE GAWLER INC.

DECLARATION:

- I wish to volunteer to conduct voluntary work at Trinity College Gawler.
- I agree that I am not to be an employee, contractor or a paid or unpaid worker of Trinity College.
- I agree that as a volunteer at the College I do not have any right or priority to employment at the College.
- I have no expectation whatsoever of receiving any remuneration, payment, gratuity or any other financial reward for the tasks I perform at the College on a voluntary basis. Any payment to me (including any reimbursement for any out of pocket expenses incurred by me as a result of the voluntary work I perform) is at the absolute discretion of the College.
- As a volunteer I understand I can withdraw from the volunteer program at any time and without notice.
- I agree that any reimbursement that I may receive from the college will be used by me towards my out of pocket expenses.
- I agree to take all the reasonable steps to protect my own health and safety while on school property.
- I agree to keep confidential any personal or sensitive information of which I become aware through my involvement with the school(s).
- I agree to accept any responsibilities as required by law by virtue of the fact that I am volunteering in school environment
- I agree to provide to the College upon request, a Police Clearance Certificate, and that the College may make whatever enquiries it considers necessary to satisfy itself that I pose no unreasonable risk to the welfare of children in its care.
- I declare that I am a fit and proper person of good character. Below are two referees who will attest to my good character (e.g. previous or current employer, doctor, lawyer, JP, teacher etc).

REFEREES:

Name: _____

Address: _____

Telephone Number: _____

Signature of Referee: _____

Name: _____

Address: _____

Telephone Number: _____

Signature of Referee: _____

Have you ever been charged with a criminal offence involving children, dishonesty or violence? Yes/No (please circle)

If yes, please provide complete details _____

I acknowledge that this completed form will be kept on file.

I understand that by signing this form the College does not agree to let me conduct volunteer work.

I declare that all the information I have provided above is true to the best of my knowledge.

Volunteer signature: _____ Date: _____

For the College signature: _____ Date: _____