





Edmund Rice Special Education Services

St Edmund's College 🛛

St Gabriel's School □

VOLUNTEER APPLICATION FORM

Personal Details			
Name:	Given Names		
Sumane	Given Maines		
Address:			
	Post Code:		
Phone:Email address:			
Emergency Contact:	Phone:		
100 points identification provided with this ap	plication (attached)		
Working with Children Check			
working with Children Check	Surname Given Names ss:		
Working With Children Check Clearance No.			
-			
Expiry Date: D	Date of Birth:		
Voluntoor Catagory			
volunteer Category			
Select the Volunteer Category by the numbe	r below		
1 Cantoon Voluntoor	2 Events Volunteer		
1. Canteen volunteer	z.events volunteer		
3. Parent/Carer help in Classroom	4.Volunteer to help in Classroom (not a parent)		
5. Student Placement (Attach- Placement Agreement, Public Liability Coverage and Parent			
Permission if under 18s)	6. Corporate Support		
7 School Students for Community Services	8 Other (specify)		

Do you have any medical condition(s) that could impact on you performing the duties of this work?

Yes No

If the answer is YES please provide details and discuss with the Deputy Principal

Have you suffered any injuries in the past 2 year which may be aggravated or compounded by undertaking the work?

Yes	
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No

If the answer is YES please provide details.

Insurance – Personal Accident

Volunteers are covered whilst engaged in voluntary work on behalf of, and authorised by the School/College. There is no workers' compensation. Student Placements must provide their agreement to provide evidence that they are covered by the TAFE/University insurance.

Acknowledgement

- I have provided my Working With Children Check number (obtained at <u>www.kidsguardian.nsw.gov.au</u>)
- 2) I have signed the Declaration required for Volunteers working with children
- 3) If a student placement, I will provide an agreement from the TAFE/University and provide the number of hours required and the dates proposed prior to commencing placement.
- 4) I acknowledge that this completed form will be kept on file.
- 5) I agree to take all reasonable steps to protect my own health whilst on School/College premises/property.
- 6) I agree to keep confidential any personal or sensitive information of which I become aware through my involvement with the School/College.
- 7) I will not take any photos of the students and not engage on my mobile or social media
- 8) I agree to undertake induction and online training before commencing volunteering at the School/College.
- 9) I will email the School/College when I have successfully completed the online learning.

Signature

Date

OFFICE PROCESS ONLY

Step No	Action	Responsible Officer	Checkec
1	Meeting with Deputy Principal or Head of Administration or Marketing Manager	Executive PA or Marketing Manager	
2	Form completed with attachments prior to the interview (Checked by Executive Assistant)	Executive PA	
3	Approval given for volunteering by authorised officer	Deputy Principal or Marketing Manager	
4	Documents to be completed in Keela and WWCC provided to Payroll Officer for checking and recording	Keela entry and Payroll Check	
5	Induction prior to commencement at Gabes: - Executive Assistant at Gabes to allocate eLearning to Student Placements -Risk and Compliance Officer to conduct session with Marketing Manager each term for parents -School Students undertaking community service are inducted by Marketing Manager	Induction signed off by relevant officer	
	Induction prior to commencement at St Edmunds College (Risk and Compliance Officer)	Risk and Compliance Officer	
6	Class/activity of placement allocated by Deputy Principal for students at Gabes Class allocation of placement allocated by Head of Administration at Eddies	Executive PA Head of Administration	
7	Reception staff notified of start date and location	Executive PA	
8	All placements are added to the Volunteer Calendar at St Gabriel's	Executive PA or Marketing Assistant	
9	Placements are added into Sentral as an authorised visitor to ensure label issued	Reception Staff	
10	Groups of students may be monitored by a centralised sign in and out system by supervisor	External supervisor for school groups	
11	All paperwork saved digitally on Keela or Staff Drive- Compliance/volunteers/surname & date	Executive PA	

Authorised Officer Name _____

Signature_____

Date: _____