

Volunteer application form – confidential

Name of site or service: Lucindale Area School

Your personal details

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

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:	
Do you have any medical conditions that we should be aware of in case of an emergency? For example: diabetes, severe food allergy, asthma, epilepsy <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes please give details below and discuss at your interview.)</i>			
Do you need any special assistance because of a disability? <i>(If yes please give details below and discuss at your interview.)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes			

How can you connect with our community?

Your country of birth:	
Are you Aboriginal or Torres Strait Islander?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Languages you speak other than English:	



Government of South Australia
Department for Education and
Child Development

Availability: What days and times are you available to volunteer?	
Experiences, interest and skills: List any experiences/interests you can contribute to your role as a volunteer. For example, mentoring, gardening, administration, sport and so on.	

Volunteer declaration – confidential

To make sure we meet our commitment to child safety, we need this information and declaration from you. The information you provide will be treated sensitively and confidentiality. 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)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been the subject of allegations or an investigation or any other process relating to alleged unsatisfactory performance or misconduct by you as a volunteer or an employee?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been the subject of allegations of inappropriate conduct of a sexual nature towards or in relation to anyone?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Have you ever been refused a child related employment screening or working with children check in South Australia or in another Australian jurisdiction?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

I understand that if the information I provide in my application and declaration change, it is my responsibility to advise the DECD site leader as soon as possible.

Your signature:

Date: / /



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.

OFFICE USE ONLY

Site leader:

Proof of ID sighted

File created and stored securely and confidentially

