

Volunteer details form



Personal details

Title (Miss, Ms, Mrs, Mr, Dr)	Surname	
Given Name	Preferred Name	Date of Birth
Address		
Contact Number	Email	

Emergency contacts

Name	Relationship
Contact Number	Other (if applicable)

Volunteer identification, certification and clearance

It is a requirement of Catholic Education SA that all regular volunteers and those attending excursions, home visits or overnight stays must hold a current Working with Children Clearance (DHS Child Related)

<input type="radio"/> I have previously supplied my clearance to SHC	<input type="radio"/> I will present my original clearance for sighting
<input type="radio"/> I do not have a current clearance and would like to receive information about how to apply	

ID Type (e.g. driver's license)	ID number
First Aid Certificate (Include Expiry Date)	
Child Safe Environment/RAN Certificate (Include Expiry Date)	

Area of involvement/skills I can offer

<input type="radio"/> Excursions	<input type="radio"/> Learning Support	<input type="radio"/> Committees
<input type="radio"/> Sports	<input type="radio"/> Homestay/Billet (Marcellin Campus)	<input type="radio"/> Exam Supervisor (Marcellin Campus)
<input type="radio"/> Other		

I am available on	<input type="radio"/> Monday	<input type="radio"/> Tuesday	<input type="radio"/> Wednesday	<input type="radio"/> Thursday	<input type="radio"/> Friday	<input type="radio"/> Saturday	<input type="radio"/> Sunday	<input type="radio"/> ANY
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SHC Representative (Volunteer Program /Coordinator's Name)
SHC Representative (Start date of Volunteering)

Referees

If not previously well-known to the school community, provide referee e.g. previous or current employer, doctor etc. If well-known to the school community, provide names & positions of 2 staff members who know you.

Name	Contact Number
Organisation	Position/Role
Name	Contact Number
Organisation	Position/Role

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Volunteer health form – confidential

Doctor's Name		Doctor's Contact Number	
Ambulance Cover	<input type="radio"/> YES	<input type="radio"/> NO	
Private Health Cover	<input type="radio"/> YES	<input type="radio"/> NO	
Fund Name			
Any medical condition, allergy or other health care concerns we should be aware of: Specify:		<input type="radio"/> YES	<input type="radio"/> NO

Declaration – confidential

Please respond to the questions below and sign the Declaration at the end of this form:

1. Have you ever been investigated, charged, arrested, reported for or pleaded or found guilty of any criminal Offence? (tick "no" where an expiation notice only was received)	<input type="radio"/> YES	<input type="radio"/> NO
2. Have you ever received a written counselling or warning or been dismissed or resigned following allegations of improper or unprofessional conduct or unsatisfactory work performance?	<input type="radio"/> YES	<input type="radio"/> NO
3. Have you ever or are you currently the subject of an investigation or any other process relating to alleged unsatisfactory performance or misconduct by you as an employee?	<input type="radio"/> YES	<input type="radio"/> NO
4. Have you ever been the subject of allegations of misconduct by you of a sexual nature towards or in relation to a child (person under 18 years of age) or towards any other person to whom you were responsible for providing education or other services?	<input type="radio"/> YES	<input type="radio"/> NO
5. Our process includes asking referees whether there are any child protection concerns in your regard. Do you foresee any problem arising from this process?	<input type="radio"/> YES	<input type="radio"/> NO
6. (If applicable) Do you have conditions on your SA Teacher registration?	<input type="radio"/> YES	<input type="radio"/> NO

Please note: If you answer YES to any of the above questions, you are required to provide comprehensive supporting details, including relevant documentation in order to be considered for employment. (Please attach as separate sheets)
If you choose not to answer one or more of the above questions, please indicate by ticking the box below that you wish to meet with the Principal/Director (or delegate) to discuss.

- I have opted not to answer one or more of the above questions and ask that a meeting be arranged between the Principal / Director (or their delegates) and me.

Please note: If you wish a meeting to be arranged you must allow for at least one week for this to be arranged.

Further Information and ongoing requirements

Evidence of a criminal history that may be unrelated to any risk of harm to children will not automatically preclude a person from being or remaining engaged. The requirement for full and honest disclosure is a condition of initial and ongoing engagement. In signing this form you declare that you are a fit and proper person of good character, and if you are successful in your application, you will notify the Principal / Director should there be a relevant change in your circumstances; for example, criminal charges and convictions, restraining orders, intervention orders, injunctions, disciplinary proceedings and investigations.

Declaration

I understand that any false or misleading information I provide will result in me not being considered for engagement or may result in the termination of my engagement. I declare that I have answered this Volunteer Details Form truthfully.

Signed	Date
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