

Current Family / Contact Volunteer Application Form

PERSONAL	TITLE	FIRST NAME(S)	LAST NAME
	MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> OTHER		
	ADDRESS	Suburb/Town	PHONE NUMBERS
		State	Home
		Postcode	Mobile
			Work

VOLUNTEER ROLE
<i>Please provide details of the volunteer position(s) that you are interested in.</i>

VOLUNTEER WORK	ORGANISATION'S NAME AND ADDRESS	POSITIONS/DUTIES	DATES	
			FROM	TO
<i>(If relevant, Please list any previous places of volunteer work where such work involved children.</i>				

REFEREES	NAME	POSITION	SCHOOL/COMPANY	PHONE NUMBER

DECLARATION		
<i>Please tick each checkbox to acknowledge you acceptance of each point (below):</i>		
I am applying for volunteer work with St Margaret's School.		<input type="checkbox"/>
I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.		<input type="checkbox"/>
I declare that the information contained in this application is true and correct.		<input type="checkbox"/>
I understand that I may be required to participate in an informal meeting, and undertake referee checks.		<input type="checkbox"/>
I understand that I will be required to undertake induction training prior to commencing volunteer work at the school.		<input type="checkbox"/>
Signature:		Date:
<i>Current WWC / VIT number (if applicable)</i>		<i>V/E Expiry</i>

<p>Privacy Statement</p> <p>The personal information you have provided will help us to assess you as a valued volunteer of our school and will be treated as confidential. Information provided by you in this form may be checked by the school with any relevant authorities, previous employers, volunteer organisations and/or referees or sources. Information provided will be treated in accordance with the <i>Privacy Act 1988</i> (Cth).</p>
