

# LEARNING ASSISTANCE PROGRAMME VOLUNTEER DETAILS FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_

It would be appreciated if you could provide the following information to enable us to match you with a student. Please outline any hobbies, interests, areas of expertise, current/past work experience, art, craft, languages etc.

\_\_\_\_\_  
\_\_\_\_\_

Please list your preferred times to work with a student. It would be helpful if you could indicate a number of alternative times to give us more flexibility in negotiating with staff.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_

## DECLARATION:

- I agree to take all 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 and with LAP.
- I have been made aware of my role and responsibilities as a LAP Volunteer. I agree to uphold the philosophy of LAP and the school.
- 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, J.P., teacher etc.)

NAME \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

NAME \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

- Have you been charged with a criminal offence involving children, dishonesty, drug dealing or violence? Yes/No

Signature \_\_\_\_\_ Date \_\_\_\_\_

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VOLUNTEER ACCEPTED FOR THE LAP PROGRAMME: Yes/No

Principal \_\_\_\_\_ LAP Coordinator \_\_\_\_\_

Date \_\_\_\_\_ Notes \_\_\_\_\_

I acknowledge that this completed form will be kept on file by the College for a period of 7 years.