

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

I agree toaccessing my Personal History Information from the South Australian Police. A completed authority form is attached.

Signature _____ Date _____

VOLUNTEER ACCEPTED FOR THE LAP PROGRAMME: Yes/No Date: _____

Principal _____ LAP Coordinator _____

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