



Cabra Volunteer Details and Acknowledgement Form

PERSONAL DETAILS	
Commencement Date	
Surname	Dr/Mr/Mrs/Ms Other
Given Names	
Date of Birth	
Mobile	
Email	

Are you the parent or guardian of a child at this location? Yes No
Please provide details: _____

MEDICAL EMERGENCY INFORMATION	
1 Emergency Contact Name	
Emergency Contact Number	
Relationship to you	
2 Emergency Contact Name	
Emergency Contact Number	
Relationship to you	

Do you have any psychological or medical conditions that might affect your ability to volunteer? Yes No

Is there anything we need to know in case of an emergency?
eg: diabetes, allergy, asthma? Yes No
Details: _____

Medical Consent:

In case of an emergency, and in the event that I am unable to give consent at the time, I give the College permission to use their judgement in obtaining any medical attention which they may consider necessary.

Signature of Volunteer

Date

CHILD PROTECTION AND PRIVACY

Volunteers play an important role in the education of children and young people in partnership with our staff. Cabra must only engage volunteers who are appropriate, suitably skilled, trained and/or qualified to work with children and young people.

The College is committed to providing the highest possible level of safety and care for students and staff, including volunteers. An integral aspect of this is to ensure that all adults who have access to children and young people during the course of school activities pose no threat to the emotional and physical wellbeing of students. Volunteers are required to complete the Responding to Risks of Harm, Abuse and Neglect - Education and Care training for volunteers. Our College also requires all volunteers to obtain and hold a valid and current Child-Related Employment Screening Clearance.

Upon receipt of an individual’s Volunteer Application, the Principal or their delegate will forward relevant screening information to the Catholic Education Office for processing. All other information that relates to the privacy of individuals will be held at the College in a secure place and only accessed by the Principal or their delegate.

SCREENING

I understand that to volunteer at Cabra a range of screening procedures, including holding a valid and current Child-Related Employment Screening Clearance, are required for all long term volunteers.	Yes	No
I understand that I will not be able to commence volunteering until clearances have been received.		

DECLARATION

- I agree to take all reasonable steps to protect my own health and safety and that of others while on school property and/or while undertaking duties for the school.
- I agree to keep confidential any personal or sensitive information of which I become aware through my involvement with the school.
- I declare that I have answered this form truthfully. I understand that any false or misleading information I provide will result in me not being considered for volunteer work or may result in the termination of my services.
- I have received a Volunteer Induction Package including the Volunteer Details, Declaration and Induction Checklist, and Work Health and Safety information for volunteering at the school. I have read and understood the contents and sought and received adequate explanation for any queries I have had.
- I have read and understood the Cabra Dominican College Child and Young Person Safe Environments Policy.
- I have read and understood Cabra Policies provided to me via the Volunteer web page.
- I acknowledge that this completed form will be kept on file at the school.

Signature of Volunteer

Date

