**VOLUNTEER APPLICATION**

Your personal details

Are you a parent or guardian of a child at St Martins Lutheran College? Yes ☐ No ☐

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| --- | --- | --- | --- |
| Given name: |  | Preferred name for name badge: |  |
| Middle name: |  |
| Family name: |  |
| Home address: |  | Date of birth: |  |
| Female / male / other: |  |
| Postal address:  *Same as above* *☐* |  | Home phone: |  |
| Mobile Phone: |  |
| Email address: |  | | |
| Emergency contact name: |  | Emergency contact phone: |  |
| Do you have any psychological or medical conditions that might affect your ability to volunteer? Or anything we need to know in case of an emergency?  For example: diabetes, severe food allergy, asthma, epilepsy Yes ☐ No ☐  (If yes please give details below) | | | |
| Do you need any special assistance because of a disability? Yes ☐ No ☐  (If yes please give details below) | | | |

Area of interest/skills

This information will be used to match your skills to an area of volunteering

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| In what capacity would you like to volunteer? *Eg canteen; camps; listening to reading; administration; library; sport; music etc. If you are volunteering for a one-off event (eg Year 10 camp) please record that here.* |
| Tell us about yourself:  *List a few things that you can contribute to your role as a volunteer. For example, mentoring, gardening, storytelling, administration, sport etc. This is not required if you are volunteering for a one-off event.* |
| Availability:  *What days and times do you think you could volunteer? This is not required if you are volunteering for a one-off event.* |
| Languages spoken (other than English) |

Screening

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| --- | --- |
| Volunteering with us means that you will need a Working with Children Check (WWCC) from the Department of Human Services [www.screening.sa.gov.au](http://www.screening.sa.gov.au) and be vaccinated for COVID-19 | |
| Do you have a current (within the last five years) WWCC?  If yes, what is your SRN ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes ☐ No ☐ |
| You understand that you will not be able to start volunteering until a WWCC has been received. | Yes ☐ No ☐ |
|  |  |

The College recognises that vaccination against COVID-19 remains one of the best available control measures to mitigate against serious illness and hospitalisation from COVID-19 and strongly encourages all volunteers to have up to date COVID-19 vaccinations.

Your personal referee

We may contact this person to find out a bit more about you. It’s okay if it’s someone at St Martins Lutheran College who already knows you.

**Referee**

|  |  |
| --- | --- |
| Name: | Email or phone: |
| How do you know this person?  ☐ friend ☐ relative ☐ employer ☐ volunteer coordinator  ☐ other (please specify): | |

Volunteer declaration – confidential

To make sure we meet our commitment to child safety, we need this information and declaration from you.

If you have any questions about this declaration, please let us know.

|  |  |
| --- | --- |
| Have you ever been dismissed or resigned from any employment or a volunteer role in response to or following allegations of improper conduct relating to children? | Yes ☐ No ☐ |
| Have you ever been the subject of allegations or an investigation or any other process relating to alleged misconduct by you as a volunteer or an employee? | Yes ☐ No ☐ |
| Have you ever been the subject of allegations of inappropriate conduct of a violent or sexual nature towards or in relation to anyone? | Yes ☐ No ☐ |
| Have you ever been refused a child related employment screening or working with children check in South Australia or in another Australian jurisdiction? | Yes ☐ No ☐ |
| You understand that if the information in this application or declaration changes, it is your responsibility to advise the College as soon as possible. | Yes ☐ No ☐ |

Note: If you answered ‘yes’ to Q1-Q4, you might be asked for more details, including any relevant documentation, before you can be placed as a volunteer.

I confirm and declare that to the best of my knowledge I have truthfully answered all questions.

I understand that if I provide any false or misleading information I cannot start or stay on as a volunteer.

The information you provide will be treated sensitively and confidentiality according to our Privacy Policy and Information Collection Notice: Volunteers and Contractors (both can be found on our website).

**Volunteer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

Please return this completed form to the Front Office or email to [office@stmartins.sa.edu.au](mailto:office@stmartins.sa.edu.au)

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| --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | |
| 100-point Check |  | Referee Check |  |
| WWCC Verified |  | Induction Scheduled |  |