



EOTC Volunteer Agreement Form

For parents/caregivers and other volunteers who have been invited to assist on EOTC events. This form is valid for two years. If your situation changes, please let us know.

Privacy Statement:

Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won't be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.

Name:
Address:
Telephone: _____ (home) _____ (work)
I am the parent/caregiver of: _____ OR
<input type="checkbox"/> I am a volunteer (please tick) Child's AT Room _____

Skills/experience/qualifications (please tick):

Qualification	Yes	No	Notes (recent experience)
Car driver's licence (attach a copy)			I'm competent (circle): Towing a trailer, driving on gravel roads, driving on ski field roads, fitting chains, driving a manual vehicle, driving a van
First aid certificate (attach a copy)			
Are you willing to consent to SGHS police vetting Please be aware board policy states you can not attend without confirmed police vetting and this may take up to 28 working days			
Other relevant qualifications			

Other significant skills or experience relevant to EOTC events (list below, or attach):

Emergency Contact Details (Next of Kin)	
Personal Mobile Number	
Doctor's number	

Health Information

1. Are there any health issues or medications you would like the school to support you with?

2. Are you allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
What treatment is required?	_____		

3. Outline any dietary requirements:

As a volunteer in the school EOTC event:

- I certify that the above information is correct
- I am willing to comply with SGHS requests and will follow safety procedures they have set
- If applicable, I will comply with the road rules and ensure I'm driving a warranted and registered vehicle
- I agree there is no place for alcohol or non-prescribed drugs on a school EOTC event
- I acknowledge and accept the Risks Disclosure. This event contains risks, including possible injuries. This event is managed by school staff or other organisations who will manage risk and hazards according to the school's/organisation's safety management plan. This includes careful consideration of all procedures while carrying out the activities. While risks can be maintained to acceptable levels they cannot be totally eliminated some risk is retained for its learning and experiential value.

Signed:

Date:

