

VOLUNTEER EXPRESSION OF INTEREST

Thank you for considering becoming a volunteer in a Department for Education and Child Development (DECD) school or preschool. Please complete and return this form to the site you would like to volunteer in. A site leader will contact you if suitable work is available.

Name of school or preschool:

First name:		Preferred name:	
Last name:			
Home address:		Date of birth:	
		Gender:	
Postal address: <i>Same as above</i>		Home phone:	
		Mobile:	
Email address:			
Emergency contact name:		Emergency contacts phone:	
Please specify preferred method of contact: <i>Email, text, phone</i>			
Do you have any medical conditions the school/preschool should be aware of? No Yes (<i>if yes please explain</i>)			
Permission for photo to be taken and used for marketing/promotional materials: No Yes			

Current position and/or study details (if applicable) or name of Community Group involvement:			
Name of organisation:			
Position held:		Phone number:	
Address:			

Cultural Background:	
Languages other than English:	
Previous experiences <i>Please list any experiences you can contribute to your role as a volunteer. E.g. teacher, sports coach, cooking, gardening, reading, science</i>	
Other interests <i>Please list other areas of interest, hobbies, expertise and experiences.</i>	

Please indicate the days you can volunteer	AM	PM	Notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Other availability			

Please select the area(s) you would like to volunteer in

LAP <input type="checkbox"/>	Library <input type="checkbox"/>	The Arts <input type="checkbox"/>	Other (Please Specify)
Yard Support <input type="checkbox"/>	Sports <input type="checkbox"/>	Gardening <input type="checkbox"/>	
Classroom support <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Referees:

Some volunteer positions will require referee checks. Please provide contact details of two people (other than immediate family members) who could provide a personal/character reference for you. These referees should have known you for more than 2 years. (please note only one referee can be a personal friend)

Referee 1

Referee 1			Relationship to you (please tick)	
Full Name			<input type="checkbox"/> friend	<input type="checkbox"/> relative
Address:			<input type="checkbox"/> neighbour	<input type="checkbox"/> employer
Phone:		Mobile:	<input type="checkbox"/> other:	

Referee 2

Referee 2			Relationship to you (please tick)	
Full Name			<input type="checkbox"/> friend	<input type="checkbox"/> relative
Address:			<input type="checkbox"/> neighbour	<input type="checkbox"/> employer
Phone:		Mobile:	<input type="checkbox"/> other:	

Prior to commencement as a volunteer, all applicants will be provided with support to get a DSCI Criminal History Screening completed and be invited to participate in a two hour session called Responding to Child Abuse and Neglect – Education and Care Induction for Volunteers. A site leader will discuss this further if suitable volunteer work is available.

Signed: Date:.....