



DE LA SALLE
COLLEGE

PARENT NETWORK

VOLUNTEERS FORM 2018

At De La Salle College we pride ourselves on our community spirit, so please take the time to consider being a part of the volunteer team. Volunteers assist at many College community events, such as the Academic Awards ceremonies and the Mother's and Father's Day Breakfasts.

By filling in this form you are indicating your willingness to volunteer. It is not an absolute commitment. It essentially enables us to ask via email whenever volunteers are needed.

If you are unable to be on the volunteer database, there is also an opportunity on the form to donate to the Parent Network.

Please return the form electronically, if possible, to parentnetwork@delasalle.vic.edu.au. Alternatively, the form can be returned to the College with attention to Trish Woodman, Alumni and Community Relations Officer.

Please note that all persons volunteering at a College event need to have a current Working With Children Check (WWC Check). Volunteers may be asked to present their WWC Check when attending an event, so please be sure to carry it with you. If you do not have an active WWC Check, you can apply for one at the following website: <http://www.workingwithchildren.vic.gov.au>. Once your WWC Check has been granted, please send a copy to the College for our records. Volunteer WWC Checks are issued free of charge.

Yes, I would be happy to be contacted with regard to opportunities to volunteer at the College.

PARENT NAME:

EMAIL ADDRESS:

STUDENT NAME:

YEAR LEVEL:

(Multiple students may be listed above)

Yes, I have an active Working With Children Check. Please attach copy if not previously submitted to the College

Yes, I have applied for a Working With Children Check and will send a copy to College once processed

Yes, I wish to make a donation to the De La Salle College as I am unable to assist as a volunteer.

Donations may be made directly into our bank account, the details of which are included below. A receipt will be sent to the email address provided

Account Name: DLS Parent Network BSB: 083 004 Account Number: 142320480

Reference: SURNAME-Eldest Son's Year Level, e.g. SMITH-10

PARENT NAME:

EMAIL ADDRESS:

STUDENT NAME:

YEAR LEVEL:

Donation Amount (please tick)

\$50 \$75 \$100 \$200 Other \$

Information provided on this form will be used only in accordance with the College Privacy Policy, available on College website