

# Volunteer Application Form

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## PERSONAL DETAILS

Title..... First Name/s..... Surname..... DOB .....

Address..... Postcode.....

Home Telephone..... Mobile .....

## TRAINING / CERTIFICATION e.g. First aid certificate, etc.

## PREVIOUS CHILD RELATED EMPLOYMENT

Employer's Name and Address .....

Position..... Period of Service (From/To).....

Duties .....

Employer's Name and Address .....

Position..... Period of Service (From/To).....

Duties .....

Employer's Name and Address .....

Position..... Period of Service (From/To).....

Duties .....

*Please provide all previous employers. If more space is required, attach a separate sheet*

## PREVIOUS VOLUNTEER WORK

Employer's Name and Address .....

Position..... Period of Service (From/To).....

Duties .....

Employer's Name and Address .....

Position..... Period of Service (From/To).....

Duties .....

Employer's Name and Address .....

Position..... Period of Service (From/To).....

Duties .....

*Please provide details of all volunteer work involving children. If more space is required, attach a separate sheet*

**DECLARATION**

Please read each statement below and any accompanying information on the Volunteer Information Form. Please tick each checkbox to acknowledge your acceptance of each point:

- I wish to be a volunteer at De La Salle College
- I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work
- I declare that the information contained in this application is true and correct
- I understand that I am required to review the Volunteer Handbook and complete all required paperwork
- I have viewed the Volunteer Induction Presentation
- I confirm that I have read and understand the responsibilities of a volunteer of De La Salle College, in particular those that are outlined in the College's Child Safe Policy, Code of Conduct, Confidentiality Statement and Volunteer Induction Presentation
- I acknowledge and accept that I have been engaged as a volunteer of De La Salle College and that no payment will be made to me by De La Salle College
- I understand and accept that De La Salle College can cease the volunteering arrangement at any time

Signed.....Date .....

Please attached a copy of your proof of identity (e.g. driver's licence) and Working with Children Check. Volunteer Working With Children Checks are free and can be applied for via [Home | Working with Children](#).

**PRIVACY STATEMENT**

The personal information you have provided will help us to assess you as a valued volunteer of De La Salle College and will be treated as confidential. Information provided by you in this form may be checked by De La Salle College with any relevant authorities, previous employers, volunteer organisations and/or referees or sources. Information provided will be treated in accordance with the Privacy Act 1988 (Cth).

OFFICE USE: DOCUMENTATION AS REQUIRED	
Proof of Identity <input type="checkbox"/> Details: .....	Signed Code of Conduct <input type="checkbox"/>
Working With Children Check <input type="checkbox"/> Expiry: .....	Signed Confidentiality Agreement <input type="checkbox"/>
Other <input type="checkbox"/> .....	



# DE LA SALLE COLLEGE

## CONFIDENTIALITY STATEMENT

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During the course of your volunteer work within De La Salle College, you will have access to various forms relating to student and family information; therefore volunteers must safeguard confidentiality. Student and family information must not be divulged to unauthorised personnel. It should be acknowledged that this responsibility extends beyond your volunteer work with the College.

The following statement should be read and signed:

*I acknowledge that any information received from students or staff records placed in my charge or custody during the course of my volunteer work with De La Salle College may not be disclosed to any person without the authorisation of the Principal.*

*Any unauthorised disclosure of confidential information, whether deliberate or otherwise, will result in immediate termination of my volunteer work and may also result in criminal or civil proceedings against me.*

Name.....(please print)

Signature.....Date .....

Witness Name.....(please print)

Witness Signature.....Date .....

Note a Witness:

- can not be an immediate family member
- must be over 18 years of age

Completed forms to be emailed to [volunteers@delasalle.vic.edu.au](mailto:volunteers@delasalle.vic.edu.au)