

VOLUNTEER AGREEMENT

Full Name: _____

Home address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

Relationship to School (if any) – please indicate below:

My child / children attend TVCS

Name(s) of child / children _____

My grandchild / grandchildren attend TVCS

Name(s) of child/children _____

I am a friend of a child / family / church associated with TVCS

Name(s) of child / family / church / associate _____

I would like to become a Volunteer at TVCS

Reason _____

Area(s) of Personal Interest: _____

Qualification(s) (if any): _____

Experience or other relevant information to area of interest:

Declaration:

1. I will abide by the terms and conditions detailed in the Volunteer Induction Program in accordance with the Schools Child Protection Policy.
2. I agree to take all reasonable steps to protect my own health and safety while on school property.
3. I agree to keep confidential any personal or sensitive information of which I become aware through my involvement with Torrens Valley Christian School and under no circumstances approach parents or community members in relation to issues arising at the school. I understand this is the responsibility of the principal.
4. I will discuss any concerns in relation to school matters with the appropriate staff member or a member of the senior management of Torrens Valley Christian School.
5. I am aware of the special responsibilities associated with working with students. I declare that I do not have a criminal record and that there are no other circumstances or reasons that might preclude my working with/near students.
6. I declare that I am a fit and proper person of good character. Two referees below will attest to my good character (eg. previous or current employer, doctor, lawyer, JP, minister etc).

As a volunteer:

I understand that if I breach any of the above agreements, my services as a volunteer may be terminated.

Volunteer Name: _____

Signature: _____

Date: _____

Volunteer Applicant name _____

(PLEASE NOMINATE TWO REFEREES BELOW FOR TVCS TO CONTACT REGARDING YOUR APPLICATION)

REFEREE 1:

Full Name: _____

Home address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Email: _____

Relationship to Applicant _____

How long have you known the Applicant? _____

Do you have any reservations regarding this person working with children? _____

Signature: _____ Date: _____

REFEREE 2:

Full Name: _____

Home address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

Email: _____

Relationship to Applicant _____

How long have you known the Applicant? _____

Do you have any reservations regarding this person working with children? _____

Signature: _____ Date: _____