

VOLUNTEER AGREEMENT FORM 2017



SPW
EARLY LEARNING AND
PRIMARY EDUCATION

Volunteer Details:			Entity No:
Title:	First Name:	Last Name:	
Date Of Birth:	Email:		
Mailing Address:		Home Address:	
Telephone Numbers:	Home:	Work:	Mobile:
Areas of Interest:			
Qualifications:			
Experience or other relevant information relating to area of interest:			

As a volunteer at SPW:

1. I have read, understood and will abide by the Terms and Conditions detailed in the SPW Volunteer Policy & Procedures Information Booklet.
2. I will take all reasonable steps to protect my own health and safety while on school property or whilst being involved as a volunteer with the school.
3. I will keep confidential any personal or sensitive information of which I become aware through my involvement with the school.
4. I will discuss any concerns in relation to school matters with the supervising staff member.
5. I declare that I am a fit and proper person of good character. I have included two referees who will attest to my good character (previous or current employer, doctor, lawyer, JP, teacher etc.).
6. I will undertake a DCSI Screening at no expense to myself which is of a three-year duration, if I do not previously hold an alternative form of police clearance as mentioned in the Volunteer Policy & Procedures Information Booklet Information Booklet.
7. I will complete the online RAN training for volunteers and submit to the school, the certificate of completion (not required if have a current TRB).
8. I authorise the School to keep this form and the personal information contained within it on a secure file, as long as it is relevant.
9. I will abide by any other Policy & Procedure or training provided to me in respect of my role as a volunteer at SPW.

Signed: _____

Date: _____

Referee Information:

Referee 1: (Name)	Referee 2: (Name)
Address:	Address:
Tel No:	Tel No:

VOLUNTEER AGREEMENT FORM

2017

FOR SPW USE:

DCSI Screening No: *		Expiry Date:	
Authorised by (name):		Date:	
TRB No:		Expiry Date:	
Police ID Card		Expiry Date:	

*DCSI No. could include a TRB

RAN Certificate (not required if have a TRB)	Date Completed:		Expiry Date:
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Database Checked:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Volunteer Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	
Authorised by (name):		Signed:		
Acknowledgment Sent / Database Updated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Signed:	