

# CESA Volunteer Application Package

To be considered for a volunteer role in any capacity in CESA, you must complete all parts of this Declaration, including by providing additional, supporting information and documentation where a "Yes" response has been recorded. You will not be considered unless you complete the Declaration and provide comprehensive and complete information as necessary. If you have any questions about the Declaration, please contact your school or CEO (Human Resources Team on 8301 6600).

## PERSONAL DETAILS

**SURNAME:** \_\_\_\_\_ **Dr / Mr / Mrs / Ms / Other**

**GIVEN NAMES:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ (optional) *please ensure your FULL name is included*

**TELEPHONE:** **HOME:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

## MEDICAL / EMERGENCY INFORMATION

Do you have any psychological or medical conditions that might affect your ability to volunteer? Or anything we need to know in case of an emergency? eg diabetes, severe food allergy, asthma, epilepsy. If yes, please detail below. Yes  No

Are you aware of any medical condition that you have that could result in a medical emergency? Yes  No

If yes, Please provide details of possible emergency and how to recognise it.

**Known emergency treatment:**

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **EMERGENCY CONTACT NUMBER:** \_\_\_\_\_

### **MEDICAL CONSENT**

In case of an emergency, and in the event that I am unable to give consent at the time, I give the School permission to use their judgement in obtaining any medical attention which they may consider necessary.

**SIGNATURE OF VOLUNTEER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## CHILD PROTECTION AND PRIVACY

Volunteers play an important role in the education of children and young people in partnership with the staff of Catholic schools. Catholic schools must only engage volunteers who are appropriate, suitably skilled, trained and/or qualified to work with children and young people.

**School / College** is committed to providing the highest possible level of safety and care for students and staff, including volunteers. An integral aspect of this is to ensure that all adults who have access to children and young people during the course of school activities pose no threat to the emotional and physical wellbeing of students. Volunteers are required to complete the Responding to Risks of Harm, Abuse and Neglect - Education and Care training for volunteers. Our **School / College** also requires all volunteers to obtain and hold a valid and current Child-Related Employment Screening Clearance.

Upon receipt of an individual's Volunteer Application, the Principal or their delegate will forward relevant screening information to the Catholic Education Office for processing. All other information that relates to the privacy of individuals will be held at the **School / College** in a secure place and only accessed by the Principal or their delegate.

## SCREENING

I understand that in order to volunteer within CESA, a range of screening procedures, including holding a valid and current Child-Related Employment Screening Clearance, are required for all long term volunteers. I understand that I will not be able to commence volunteering until clearances have been received?

Yes  No

## DECLARATION

- I agree to take all reasonable steps to protect my own health and safety and that of others while on school property and/or while undertaking duties for the school.
- I agree to keep confidential any personal or sensitive information of which I become aware through my involvement with the school.
- I declare that I have answered this form truthfully. I understand that any false or misleading information I provide will result in me not being considered for volunteer work or may result in the termination of my services.
- I have received a Volunteer Induction Package including the Volunteer Details, Declaration and Induction Checklist, and Work Health and Safety information for volunteering at the school. I have read and understood the contents and sought and received adequate explanation for any queries I have had.
- I acknowledge that this completed form will be kept on file at the school.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL REFEREES

The **School / College** may wish to contact referees who know you and are able to attest to your good character. Referees should include professional referees (eg. previous or current employer, doctor, lawyer, JP, teacher etc)

**Referee 1:** (if referee is a staff member at the school, please state name and position)

Name:

Organisation:

Position / Role:

Address:

Telephone Number:

Mobile Phone:

How do you know this person?

Friend  Relative  Employer  Volunteer Coordinator  Other (please specify)

**Referee 2:** (if referee is a staff member at the school, please state name and position)

Name:

Organisation:

Position / role:

Address:

Telephone Number:

Mobile Phone:

How do you know this person?

Friend  Relative  Employer  Volunteer Coordinator  Other (please specify)

**PERSONAL INFORMATION**

Are you a parent or guardian of a child at this location? Yes  No   
 Please give detail:

**VOLUNTEER IDENTIFICATION**  
**Type of identification:** (eg. birth certificate, current passport, driver's licence, marriage certificate, or other for any changes of name) **ID number:** \_\_\_\_\_  
 If volunteering as a driver, driver's licence number, car registration & third party insurance, as applicable (please provide)

**If Work Experience Student:**  
 Has a letter from the student's Principal attesting to their character and suitability to undertake work experience been received? **Date:** \_\_\_\_\_ Yes  No

**INVOLVEMENT**  
**Availability:** What days and times would you like to volunteer?  
  
**Tell us about yourself:** List a few things that you can contribute to your role as a volunteer eg mentoring, gardening, storytelling, administration, sport etc.  
  
 Please indicate in which area(s) you would like to volunteer eg classroom, sport, cleaning, excursions  
  
 Please give details of your experience or other relevant information relating to the area(s) of involvement

**OFFICE USE ONLY**

Original Proof of ID sighted  File created and stored securely and confidentially   
 Original TRB or DCSI Clearance

**Principal signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (or delegate)

The information you provide will be treated sensitively and confidentiality according to the [State Records Act 1997](#) and the [Information Privacy Principles Instruction](#).

Please provide this completed form and declaration to the **centre, preschool or School/College** you want to volunteer at. They may contact you and organise a time for an interview.