



HOLY CROSS SCHOOL

SCHOOL VOLUNTEERS REGISTRATION FORM

40 Morris Street, Woolloowin Qld 4030 - Ph (07) 3857 2443 Fax 3357 9532
ABN 49 991 006 857 - 125

Please complete the following:

| | | | |
|--|--|-----------------|--|
| Surname: | | First Name: | |
| Date of Birth: | | Contact Number: | |
| Address: | | | |
| City/Suburb: | | Post Code: | |
| Volunteer Position held: | | | |
| Date of Mandatory Student Protection In-servicing Received: | | | |
| For Volunteers other than parents of enrolled students | | | |
| Positive Notice Blue Card Registration Number: | | Expiry Date: | |
| <i>(NB: A copy of the current Positive Notice or Card must be attached to this form)</i> | | | |

IMPORTANT INFORMATION:

I have been provided with a copy of the following documentation (*ALL VOLUNTEERS TO COMPLETE*):

- The Volunteers Handbook - this also contains the Volunteers Code of Conduct
- The Student Protection Handbook for Volunteers and I understand my reporting responsibilities as a volunteer

I also understand that I must follow the school visitors procedures and sign 'in' and 'out' at the front desk on all occasions.

Additional for those volunteers who are not a parent of a current enrolled student and I have been provided with a copy of the following documents to complete, prior to commencement of volunteer duties:

- The Commission for Children and Young People and Child Guardian's Information Sheet
- Brisbane Catholic Education's *Volunteer Suitability Declaration* (to be signed)

Confidentiality Agreement

In light of recent changes to the Privacy legislation and out of respect to every member of our school community, we would ask that you please read and sign the statement about School Confidentiality printed below. By following these few simple guidelines, we will ensure that each person's rights, privacy and dignity are protected.

In volunteering to work as a helper at Holy Cross School, I understand that in fulfilling this role, I become one of the team of people who work to provide quality Catholic Education to the students in our care. I understand that my role is one of support for the school staff and students.

I will respect the confidentiality of all staff and students at all times and will not discuss or divulge any information or activity which occurs at school. I will respect the rights, privacy and dignity of all members of the school community. I will seek assistance when it is needed and will respect the rights and dignity of all members of the school community at all times. Thank you for your understanding and co-operation.

Volunteer's signature: **Principal's signature:**

Date:/...../..... **Date:**/...../.....