

Volunteer Registration & Declaration Form



Instructions for volunteers, including parent, guardian or kin of a child attending the school: Please complete this form (with your full legal name as it appears on your driver's license/passport) and a copy of Blue Card, Exemption Card or other Safeguarding document.

First Name		Middle Name		Last Name	
Contact No.		Email		Date of Birth	
Street Address					
City/Suburb				Postcode	

Please tick the role below that applies to you:

- I am registering as a volunteer parent, guardian or kin (I have a child at the school)
- I am registering as a non-parent, guardian or kin volunteer (I do not have a child at the school)

School Name:		School Suburb:	
Service being provided:		Date Training Completed	
A. Positive Notice Blue Card Registration Number		Expiry Date	
B. Exemption Card Registration Number		Expiry Date	

Please read the information below and tick the boxes to confirm/acknowledge

- I declare:**
- I have not been subject to an allegation, criminal charge or conviction relating to a vulnerable person or child.
 - I have not been subject to an allegation of breach of a code of conduct and/or Policy/Procedure in another organisation in a matter relating to a vulnerable person or child.
- I am not:**
- A disqualified person under the National Disability Insurance Scheme Act 2013;
 - A restricted person under the Working with Children (Risk Management Screening) Act 2000 (Qld); ○ I have not been issued a negative notice ○ I have not had my Blue Card Suspended
 - I am not a disqualified person and/or have not been charged with a disqualifying offence which has not been finalised
 - I am not the subject of an adverse interstate Working with Children check decision.
- I understand that I have an ongoing obligation to advise the school/school authority of any changes to the above information as soon as possible after any such change occurs.
- I understand that I must follow the school's visitor procedures and sign in and out at reception each visit.
- I confirm that I have read, understand and accept the responsibilities detailed in the Volunteer Code of Conduct.
- I confirm that I have received, read, understand and accept the responsibilities detailed in the relevant Volunteer Statement/s of Responsibility.
- I confirm that I have completed the online Volunteer Training by providing the office with a **copy of the completion certificate**. [Volunteer Training - Student Protection](#)
- I confirm that I have completed the WHS Induction with the WSH Officer or delegate.

Signed:		Date:	
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