

VOLUNTEER’S NOMINATION FORM

ACT Government schools welcome volunteers and value the support they provide to the students and educational programs

Please read these statements and provide all information required before signing the form. Please ask the principal of the school or contact Workforce Management on 6205 5000 if you have any questions.

1. The duty of care owed to students in ACT Government schools requires that all persons working with students, including volunteers, promote a safe environment and a positive educational climate. Volunteers are asked to comply with the *Code of Conduct for Volunteers*.
2. To assist schools in providing a safe environment, any person with serious convictions, circumstances or reasons that might preclude them from working with or near children and young people **MUST** discuss these issues with the principal or Workplace Management officers on 6205 5000 before signing this document. See reverse of sheet for a description of relevant charges and convictions.
3. Volunteers who support educational programs will be covered by defined personal accident insurance. Arrangements have been put in place to protect volunteers where a volunteer may accidentally incur legal liability for third party injury and/or damage to third party property. To validate any possible claim, volunteers must sign the *Daily Sign in Form* identifying the date, the start and finish time for each visit. This form will be available on each school visit.

| | |
|----------------------------------|-------------|
| Family Name: | Given Name: |
| Home Address: (Street) | |
| (Suburb) | |
| (State - Postcode) | |
| Contact Details: (Home Phone) | |
| (Work phone) | |
| (Mobile phone) | |

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|---|
| Reason for nominating as a volunteer in this school: |
| <input type="checkbox"/> Parent/carer/relative of student |
| <input type="checkbox"/> Close link to a student |
| <input type="checkbox"/> Assist with specific program <i>Name of Program</i> |
| <input type="checkbox"/> Assist with a specific organisation <i>Name of Organisation</i> |

I agree to comply with the *Code of Conduct for Volunteers*. Yes / No

I am aware that I need to sign in the start time and finish time of each visit and report any incidents or injuries to the principal/delegate or supervising teacher. Yes / No

I have had NO relevant or serious charges or convictions against me that may preclude me from working with or near students OR I have confirmed with the principal/directorate that any charges against me will not preclude me from working with students. (This includes serious traffic offences) Please read reverse before completing this section.

Signed: _____

Date: _____

**We hope your time spent as a volunteer is enjoyable and rewarding.
Thank you.**

This information is collected as a lawful administrative function of the ACT Education and Training Directorate.

The directorate may be required to provide names and addresses of volunteers to the ACT Insurance Authority for insurance purposes. This information will not be used or disclosed without your consent for any purpose other than in relation to your role as a volunteer in ACT Government schools except in circumstances provided for in the *Privacy Act 1988* (Commonwealth)

