



VOLUNTEER INFORMATION

First Name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____

Emergency Contact Name and Mobile: _____

Working with Children's Check No: _____ Application Date: _____

Volunteer Start Date: _____

Agreed Days and Times of Attendance: _____

Signed: _____ Date: _____



VOLUNTEER DECLARATION

I, _____ do hereby declare that I will work within the policies and procedures set out by Al-Taqwa College, and will comply with all lawful orders given by my Supervisor.

I will report to the Administration Office each day I attend the school to sign the visitor's log, and to obtain a visitor's pass. I understand that this is necessary in case of an emergency situation.

I will treat all information gained during my time at the school as confidential and will comply with privacy and confidentiality policies.

I understand that I have a duty of care while I am at the school, and I will report any concerns to my supervisor.

Signed by Volunteer: _____ Date: _____

Witness: _____ Date: _____

FITNESS FOR DUTY

I, _____ do hereby declare that I understand the Roles and responsibilities I will be undertaking as a volunteer at Al-Taqwa College and that I am physically and mentally fit to undertake such duties.

If I am asked to complete a task for which I am not physically or mentally fit, I will advise my supervisor that I am not able to comply with the request.

Below I have provided information of all past and present illnesses/injuries which I believe may limit the duties in which I am able to perform, or may be impacted by certain tasks.

Signed by Volunteer: _____ Date: _____