



St Patrick's College Volunteer Details Form

PERSONAL DETAILS

Title:	<input type="text"/>	Given Name:	<input type="text"/>	Surname:	<input type="text"/>
		Preferred Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
		Street Address:	<input type="text"/>	Postcode:	<input type="text"/>
		Suburb:	<input type="text"/>	State:	<input type="text"/>
		Phone(BH):	<input type="text"/>	(AH):	<input type="text"/>
				(Mob):	<input type="text"/>

VOLUNTEER WORK

Type of work:	<input type="text"/>	Supervisor:	<input type="text"/>
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Please detail any relevant skills, qualifications or previous experience obtained that is relevant:

Please detail any other information which you consider is relevant:

EMERGENCY CONTACTS

1st Emergency Contact:

Title:	<input type="text"/>	Given Name:	<input type="text"/>	Surname:	<input type="text"/>
		Preferred Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
		Street Address:	<input type="text"/>	Postcode:	<input type="text"/>
		Suburb:	<input type="text"/>	State:	<input type="text"/>
		Phone(BH):	<input type="text"/>	(AH):	<input type="text"/>
				(Mob):	<input type="text"/>
		Relationship to you (e.g. mother, partner, friend):	<input type="text"/>		

2nd Emergency Contact:

Title: Given Name: Surname:
Preferred Name: Date of Birth:
Street Address: Postcode:
Suburb: State:
Phone(BH): (AH): (Mob):
Relationship to you (e.g. mother, partner, friend):

HEALTH & SAFETY

Do you have any medical condition(s) which may impact on you performing the duties for this position/work? Yes No

If you answered YES, please provide further information about the condition:

Have you suffered any injuries in the past two (2) years which may be aggravated or compounded by undertaking the position/work? Yes No

If you answered YES, please provide further information about the injury:

WORKING WITH CHILDREN CHECK (WWCC)

Do you have a current WWCC card which is currently valid and issued in the state of Victoria? Yes No

If you answered YES, please provide details:

Card No: - Expiry Date:

Issued to (name as it appears on card):

* You will be required to submit a scanned or photocopied copy of your card and present the original card. [Upload](#)

ACKNOWLEDGEMENT

I have attached a copy of my current Working with Childrens Card (WWCC) to this form. Yes No

I acknowledge that this completed form will be kept on file. Yes No

I agree to take all reasonable steps to protect my own health and safety while on school property. Yes No

I agree to keep confidential any personal or sensitive information of which I become aware through my involvement with the College. Yes No

Signature

Date