**Sample Form 4 <Insert school name/logo here>**

You may need to reduce the size of the name/logo you place here, click on the corner side of the box and drag in to fit.

Use the align left, centre or right tabs on the tool bars to move your name and logo.

**4. EOTC Volunteer Assistant Agreement Form**

*For parents/caregivers and other volunteers who have been invited to assist on EOTC events*

*Privacy Statement:*

*Please note: the personal information being collected on this form is for the purpose of running EOTC events. It won’t be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. You have the right under that Act to access and seek correction of the information from the school.*

|  |  |
| --- | --- |
| **Name:** | Swimming ability for aquatic activities (please  tick):  ❑ Can you swim 200m confidently and competently?  ❑ Can you tread water for 3 minutes?  ❑ Could you swim out in deep water and rescue a student? |
| **Address:** |
| **Telephone:**\_\_\_\_\_\_\_\_\_\_\_\_\_(home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_(work) |
| I am the parent/caregiver  of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR  ❑ I am a volunteer (please tick) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Skills/experience/qualifications (please tick):** | | | |
| **Qualification** | **Current** | **Not current** | **Notes (recent experience)** |
| Car driver’s licence (attach a copy) |  |  | I’m competent (circle):  Towing a trailer, driving on gravel roads, driving on ski field roads, fitting chains, driving a manual vehicle, driving a van |
| First aid certificate (attach a copy) |  |  |  |
| **Other relevant qualifications** |  |  |  |
| **Other significant skills or experience relevant to EOTC events (list below, or attach):** | | | |
|  | | | |

|  |  |
| --- | --- |
| **Emergency Contact Details (Next of Kin)** |  |
| **Personal Mobile Number** |  |
| **Doctor’s number** |  |

**Health Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Please tick if you have any of the following**  🞎 Migraine  🞎 Epilepsy  🞎 Asthma  🞎 Diabetes  🞎 Travel Sickness  🞎 Fits of any type  🞎 Chronic nose bleeds  🞎 Heart Condition  🞎 Dizzy Spells  🞎 Colour Blindness  🞎 Other – Please specify  ………………………………………………………………  **2. Medical Alert Number**  (if applicable)  ………………………………………………………………  **3. Date of last tetanus injection?**  …….../….…../….….. | **4. Are you currently taking medication?**  🞎 No  🞎 Yes – Please state ailment/s  ………………………………………………………………  Name of medication/s  ………………………………  ………………………………  Dosage & time/s to be taken  ………………………………  ………………………………  Other treatment  ………………………………  ………………………………  **5. Have you had any major injuries (breaks or strains) or illness (glandular fever etc.) in the last six months that may limit full participation in any activities?**  🞎 No  🞎 Yes – Please specify  ………………………………  ……………………………… | **6. Are you allergic to any of the following?**  Prescription medication  🞎 No  🞎 Yes – Please specify  ………………………………………………………………  Food  🞎 No  🞎 Yes – Please specify  ………………………………………………………………  Insect bites/stings  🞎 No  🞎 Yes – Please specify  ………………………………………………………………  Other allergies  🞎 No  🞎 Yes – Please specify  ………………………………………………………………  Treatment required?  ………………………………  ………………………………  **7. Outline any dietary requirements?**  ………………………………  ……………………………… | **8. What pain/flu medication may you be given if necessary?**  ……………………………………………………………………  **9. To the best of your knowledge, have you been in contact with any contagious or infectious diseases in the last four weeks?**  🞎 No  🞎 Yes – please give brief details  ……………………………………………………………………  **10. Is there any other information that staff should know to ensure your physical and emotional safety E.g. Cultural practices, disability, anxiety about heights/darkness/small places, pregnancy, behavioural or emotional problems)**  🞎 No  🞎 Yes – please give brief details  …………………………………………………………………… |

As a volunteer assistant in the school EOTC event:

❑ I certify that the above information is correct

❑ I am willing to comply with requests of staff and will follow safety procedures they have set

❑ I will take reasonable care that my behaviour does not adversely affect the health and safety of myself or other

❑ I am willing to assist in aspects of running the event according to the role I have been asked to take by the Person in Charge

❑ I agree there is no place for alcohol or non-prescribed drugs on a school EOTC event

❑ I’m willing to complete the Police vetting process

❑ I accept the terms of my involvement as stated above.

**Signed: Date:**