

School Volunteer Register Sheet

Surname: _____ First Name: _____

Contact Number: _____

Address: _____

City/Suburb: _____ Post Code: _____

Volunteer Position Held: _____

Date Student Protection training / information received: _____

Volunteers other than parents or guardians of enrolled students

Positive Notice Blue Card Registration Number: _____ Expiry Date: _____

or

Exemption Card Registration Number: _____

NB: A copy of the current Blue Card or Exemption Card must be attached to this form

Important Information:

I understand that I must follow the schools visitor procedures and sign in and out at the front desk on all occasions.

I have been provided with a copy of;

- The *Volunteer Code of Conduct*
- The *Student Protection Handbook for Volunteers*

I _____ have read, understood and accepted the above.

Signed: _____ Date: _____