



# MORNINGTON PARK PRIMARY SCHOOL

Robertson Drive, Mornington Vic 3931  
Phone: (03) 5975 4011 Fax: (03) 5975 9469  
Email: mornington.park.ps@edumail.vic.gov.au

## Volunteer Application Form

**Volunteers are valuable members of our community**

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

### Emergency Contacts

Name _____	Name _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Mobile _____	Mobile _____
Relationship _____	Relationship _____

Medical Doctor \_\_\_\_\_

Contact Number \_\_\_\_\_

Medicare Number \_\_\_\_\_

Medical Condition Details \_\_\_\_\_



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Working With Children Check Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

## Availability

Day	Yes/No	Available Times
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Areas of Interest \_\_\_\_\_

Previous Experience \_\_\_\_\_

## Centrelink Obligations

Are you seeking volunteer work as a part of a Centrelink Program

Centrelink or Job services Australia Provider	
Case Manager	
Contact Number	

Start Date \_\_\_\_\_

Induction Date for OHS \_\_\_\_\_

### Office Only:

Copy of Working with Children Check Card	YES/NO
Emergency Contacts Completed	YES/NO
Volunteer Signature	YES/NO



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## Declaration and Signature

Any information collected on this form will be used for the purposes of volunteering with Mornington Park Primary School only.

1. I understand that the completion of this application form may not necessarily lead to a voluntary placement within Mornington Park Primary School.
2. If successful in your application, you are expected to volunteer in accordance with Mornington Park Primary School mission and values and adhere to the volunteer code of conduct and all operating policies and procedures.
3. I certify that the information given in this application form is true and correct.
4. I understand that I will not disclose any personal information that I have accessed in my role as a volunteer to any person not authorised to receive that information.

**Name** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Office Use ONLY

**Staff Member** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Position** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_