



VOLUNTEER Under 18 CONSENT FORM

Your personal details are treated in the strictest confidence. The information you provide is stored securely and will not be disclosed to any other party.

Store Location:

Today's date:

<u>BLOCK</u> LETTERS	Personal Details							
First Name								
Last Name								
Preferred Name								
Gender								
Pronouns								
Address								
Suburb/Postcode								
Contact Number								
Email								
Birth Date	D	D	M	M	Y	Y	Y	Y
<i>Please note that the minimum age to volunteer is 15 years (unless completing the Duke of Edinburgh Award program)</i>								

School Program & Details (if applicable)	
<input type="checkbox"/> Duke of Edinburgh	<input type="checkbox"/> Work Experience <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A
School:	
Supervising Teacher:	
Email:	
All volunteers aged 14 years must be participating through a school program with teacher supervision.	

Parent Volunteer Declaration	
I confirm that the information given herein is, to the best of my knowledge, true and complete. I understand that any false statement may be a sufficient cause for rejection (or, if engaged, termination) of my Volunteer Agreement. I have been made aware that a three (3) month probation period will follow all successful volunteer applications.	
Volunteer's Signature:	Date
Parent/Guardian Signature	
Emergency Contact Name:	Phone: