



## 2020 Christmas Hamper Drive One-off Volunteer Form

Personal Information			
Title: <i>Please tick your preferred title</i> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____			
First Name:		Last Name:	
Preferred Name:			
Mailing Address:			
Suburb/Town:		State:	Postcode:
Home Phone:	Work Phone:	FAX:	
Mobile:		Date of Birth: / /	
Email:			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Health and Medication			
Do you have any physical disabilities or medical conditions which may affect your ability to perform <b>activities as a volunteer</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: <i>People are encouraged to share relevant information about health related conditions that others working with you should be aware (i.e. restriction on lifting heavy objects, unable to drive at night, allergies, etc..)</i>			
Emergency Contact Details			
Name:		Relationship to You:	
Contact Phone Number:			Mobile:
Working with Children Check and Further Screening			
Have you completed a WWC check in NSW: Yes or No (circle) If the answer is Yes - Please provide WWC application number: _____			
Applicant declaration and agreements			
I wish to support the St Vincent de Paul Society (SVDP) 2020 Christmas Hamper Drive and <b>I agree to:</b>			
<ul style="list-style-type: none"> <li>Adhere to the St Vincent de Paul Society NSW Code of Conduct;</li> <li>Conduct myself in a manner which contributes to the wellbeing of others;</li> <li>I agree not to disclose to any person or organisation any information about the Society that I learn in the course of my duties unless specifically authorised by the Society to do so, or compelled by law. This information includes, but is not limited to, any and all information about the Society's clients, employees, volunteers, members, and donors;</li> <li>I agree that my details can be used by SVDP for the purposes of administration and keeping me informed of the Society and its activities; and</li> <li>I hereby certify that all the information included in this completed application is true and correct.</li> <li>I agree to work under the direction of with SVDP Conference members when undertaking all 2020 Christmas Hamper Drive work.</li> <li><b>I understand that this one-off volunteer form is only for the 2020 Christmas Hamper Drive work</b> and if I choose to perform any other St Vincent De Paul work in future – I will complete other application forms as required by SVDP policies and procedures.</li> </ul>			
Name _____			
Applicant signature _____ Date _____			

**IF YOU ARE SUPERVISING CHILDREN OR YOUNG PEOPLE, YOU MUST ALSO COMPLETE PAGE 2**

Thank you so much for supporting us with this vital community work.

The information contained in the form will be dealt with in accordance with the principles of the Privacy Act 1988

**Under 18 Participant details and Declaration:**

This section **must** be completed for any children or young people involved in the 2020 Christmas Hamper Drive. It **does not need to be completed** where the school or group organises its own packing of hampers and then donates them to the Society.

I am an authorised representative (if not the parent/guardian of the children) for \_\_\_\_\_  
(name of School/Parish Youth Group /Community Organisation). **Note: authorised representative must be over 18 years of age.**

OR

I am the parent/guardian

**Child 1:** Full name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship to child – please specify (e.g. parent or guardian): \_\_\_\_\_

**Child 2:** Full name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship to child – please specify (e.g. parent or guardian): \_\_\_\_\_

**Child 3:** Full name \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship to child – please specify (e.g. parent or guardian): \_\_\_\_\_

**Declaration:**

I have:

I consent to my children (as per the name/s above), to assist in the St Vincent de Paul Society 2020 Christmas Hamper drive and take responsibility for their supervision & safety during this work.

OR

attained written parent/guardian consent for the participation of students/children from my school/youth group/community organisation as named above in accordance with our own policies and procedures, to assist in the St Vincent de Paul Society 2020 Christmas Hamper drive take responsibility for their supervision & safety during this work.

I will supervise my children/student/s or participant/s **at all times** during this work being performed.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_