



# MERCEDES COLLEGE

## Forms

## Volunteers

2022 | 2023

where students  
*flourish*



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Loyalty  
Justice  
Integrity  
Responsibility  
Mutual Respect

## CESA Volunteer Declaration

To be considered for a volunteer role in any capacity in CESA, you must complete all parts of this Declaration, including by providing additional, supporting information and documentation where a "Yes" response has been recorded. You will not be considered unless you complete the Declaration and provide comprehensive and complete information as necessary.

If you have any questions about the Declaration, please contact Mercedes College or Catholic Education Office (Human Resources Team on 8301 6853).

**SURNAME:** Dr / Mr / Mrs / Ms / Other

**GIVEN NAMES:**

**FORMER NAMES:** *(please ensure your FULL name is included)*

**DATE OF BIRTH:** *(optional)*

**ADDRESS:**

**P/Code:**

**EMAIL:**

**HOME TELEPHONE:**

**MOBILE:**

*You must provide evidence of a valid, current DHS issued **Working With Children Check (WWCC)** for sighting by Mercedes College.*

### **VOLUNTARY POSITION FOR WHICH THIS APPLICATION IS MADE:**

**Please respond to the questions below and sign the Declaration at the end of this form:**

1. Have you ever been investigated, charged, arrested, reported for or pleaded or found guilty of any criminal offence? *(Tick 'No' where an expiation notice only was received)*

Yes       No

2. Have you ever received a written counselling or warning or been dismissed or resigned from any employment or volunteer role in response to, or following allegations of improper or unprofessional conduct in the workplace?

Yes       No

3. Have you ever or are you currently the subject of an investigation or any other process relating to misconduct by you as a volunteer or an employee?

Yes       No



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4. Have you ever been the subject of allegations of misconduct by you of a sexual nature towards or in relation to a child (person under 18 years of age) or towards any other person to whom you were responsible for providing care?

Yes       No

5. Our process may include asking referees whether there are any child protection concerns in your regard. Do you foresee any problem arising from this process?

Yes       No

**PLEASE NOTE: If you answer YES to any of the above questions, you are required to provide comprehensive supporting details, including relevant documentation in order to be considered. (Please attach as separate sheets.)**

**If you choose not to answer one or more of the above questions, please indicate by ticking the box below that you wish to meet with the Principal (or delegate) to discuss.**

I have opted not to answer one or more of the above questions and ask that a meeting be arranged between the **Principal** (or delegate) and me.

**Please note:** If you wish a meeting to be arranged you must submit your application at least one week prior to commencement date.

### Further information and ongoing requirements

Evidence of a criminal history that may be unrelated to any risk of harm to children will not automatically preclude a person from being or remaining a volunteer.

The requirement for full and honest disclosure is a condition of initial and ongoing engagement. In signing this form you declare that you are a fit and proper person of good character, and you will notify the **Principal** should there be a relevant change in your circumstances; for example, criminal charges and convictions, restraining orders, intervention orders, injunctions, disciplinary proceedings and investigations.

Please provide this completed declaration form to Mercedes College. They may contact you and arrange an interview or an informal conversation.

If you are charged with, convicted of, or granted bail in relation to a sexual offence against a child you are required to inform the **Principal / Director** immediately and if you are accused, convicted or granted bail you will need to immediately cease providing services to CESA.

### Declaration

I understand that any false or misleading information I provide will result in me not being considered for a voluntary position or may result in the termination of my position. I declare that I have answered this Volunteer Declaration Form truthfully.

**Signed:**

**Date:**



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## CESA Application Package

### MEDICAL / EMERGENCY INFORMATION

Do you have any psychological or medical conditions that might affect your ability to volunteer? Or anything we need to know in case of an emergency? eg diabetes, severe food allergy, asthma, epilepsy. If yes, please detail below.

Yes       No

Are you aware of any medical condition that you have that could result in a medical emergency? If yes, Please provide details of possible emergency and how to recognise it.

Yes       No

### KNOWN EMERGENCY TREATMENT:

EMERGENCY CONTACT NAME:

CONTACT NUMBER:

### MEDICAL CONSENT

In case of an emergency, and in the event that I am unable to give consent at the time, I give the School permission to use their judgement in obtaining any medical attention which they may consider necessary.

SIGNATURE OF VOLUNTEER:

DATE:

### CHILD PROTECTION AND PRIVACY

Volunteers play an important role in the education of children and young people in partnership with the staff of Catholic schools. Catholic schools must only engage volunteers who are appropriate, suitably skilled, trained and/or qualified to work with children and young people.

**Mercedes College** is committed to providing the highest possible level of safety and care for students and staff, including volunteers. An integral aspect of this is to ensure that all adults who have access to children and young people during the course of school activities pose no threat to the emotional and physical wellbeing of students. Volunteers are required to complete 'Responding to Abuse and Neglect - Education & Care' training for volunteers. Our College also requires all volunteers to obtain and hold a valid and current Child-Related Employment Screening Clearance.

Upon receipt of an individual's Volunteer Application, the Principal or their delegate will forward relevant screening information to the Catholic Education Office for processing. All other information that relates to the privacy of individuals will be held at the College in a secure place and only accessed by the Principal or their delegate.

### SCREENING

I understand that in order to volunteer within CESA, a range of screening procedures, including holding a valid and current Child-Related Employment Screening Clearance, are required for all long term volunteers. I understand that I will not be able to commence volunteering until clearances have been received?

Yes       No



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## DECLARATION

- I agree to take all reasonable steps to protect my own health and safety and that of others while on College property and/or while undertaking duties for the College;
- I agree to keep confidential any personal or sensitive information of which I become aware through my involvement with the College;
- I declare that I have answered this form truthfully. I understand that any false or misleading information I provide will result in me not being considered for volunteer work or may result in the termination of my services;
- I have received a Volunteer Induction Pack, and the Volunteer Declaration and Induction Checklist, and Work Health and Safety information for volunteering at the College. I have read and understood the contents and sought and received adequate explanation for any queries I have had;
- I acknowledge that this completed form will be kept on file at the school.

**Signed:**

**Date:**

## PERSONAL REFEREES

The College may wish to contact referees who know you and are able to attest to your good character. Referees should include professional referees (eg. previous or current employer, doctor, lawyer, JP, teacher etc)

**Referee 1:** (if referee is a staff member at the school, please state name and position)

Name:

Organisation:

Position / Role:

Address:

Telephone Number:

Mobile Phone:

How do you know this person?

- Friend     Relative     Employer     Volunteer Coordinator     Other (please specify)

**Referee 2:** (if referee is a staff member at the school, please state name and position)

Name:

Organisation:

Position / Role:

Address:

Telephone Number:

Mobile Phone:

How do you know this person?



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Friend     Relative     Employer     Volunteer Coordinator     Other (please specify)

## PERSONAL INFORMATION

Are you a parent or guardian of a child at the College?

Yes     No

Please give detail:

## VOLUNTEER IDENTIFICATION

**Please provide one form of identification:** (e.g. birth certificate, current passport, driver's licence, marriage certificate, or other for any changes of name)

**ID number:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_

**Do you hold a First Aid Certification?**

Yes     No

If yes, please send a copy to [policecheck@mercedes.catholic.edu.au](mailto:policecheck@mercedes.catholic.edu.au)

## INVOLVEMENT

**Availability:** What days and times would you like to volunteer?

**Tell us about yourself:** List a few things that you can contribute to your role as a volunteer e.g. mentoring, gardening, storytelling, administration, sport etc.

Please indicate in which area(s) you would like to volunteer e.g. classroom, sport, cleaning, excursions  
Please give details of your experience or other relevant information relating to the area(s) of involvement



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## Induction Acknowledgements

Name:

Engagement (Volunteer Experience):  
(E.g. Committee, Excursions, Student Mentoring Program)

Point of Contact:

Subject matter	Please sign and date to provide acknowledgement
<p><b>Guidelines for Volunteer</b> (Page 5)</p> <p>I (please print full name), _____ acknowledge that I have reviewed the 'Guidelines for Volunteer' contained within this 'Induction Pack for Volunteers' and that I understand and accept the Guidelines.</p>	<p><b>Dated:</b></p>
<p><b>Work Health and Safety</b> (Page 10)</p> <p>I (please print full name), _____ acknowledge that I have reviewed the Mercedes College WHS induction information contained within this 'Induction Pack for Volunteers' and that I understand and comply with all conditions set out therein; and have supplied the College with the below:</p> <ul style="list-style-type: none"> <li>• Current Working With Children Check (or Catholic Clearance)</li> <li>• Evidence of full vaccination against COVID-19</li> <li>• Responding to Risks of Harm, Abuse and Neglect – Education and Care (RRAHN-EC) Certification.</li> </ul>	<p><b>Dated:</b></p>
<p><b>Protective Practices</b> (Page 28)</p> <p>I (please print full name), _____ acknowledge that I have reviewed the 'Protective Practices Guidelines' and that I understand and comply with all conditions set out therein.</p>	<p><b>Dated:</b></p>