

# Volunteer Agreement Form

*To be read and signed by all classroom and/or EOTC volunteer assistants. This form may be kept on file and used repeatedly.*

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

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home)  
\_\_\_\_\_ (work)  
\_\_\_\_\_ (mobile)

I am the parent/caregiver of \_\_\_\_\_

**OR**

I am a volunteer (please tick) ☐

As a volunteer assistant in the school or at an EOTC event:

- I am willing to comply with requests of staff and follow safety procedures they have set.
- I am willing to assist in aspects of running the event, based on information I have supplied.
- I agree that I am bound by the school Privacy policy and will maintain confidentiality regarding children and families at the school.
- I agree that I am bound by the Alcohol, Drugs and other Harmful Substances policy and will not be consuming or be under the influence of alcohol, illegal drugs, or other harmful substances when supervising or in the presence of students.
- I agree that I am bound by the Smokefree policy and will not smoke anywhere on the schoolgrounds, including the road patrol area and EOTC venue, or when supervising students.
- I accept the terms of my involvement as stated above.

Parent/ Volunteer name: _____	Date:    /    /
Signature: _____	
Child's name: _____	Room: _____