

CONFIDENTIAL APPLICATION

I wish to be a Student Mentor with the School Volunteer Program ACT Inc.

My preferred Area is			
Surname		Given Name	
Preferred name for badge Mr/Mrs/Miss/Ms/Other			
Age			
Address	State		Postcode
	How long have you been at this address?		
Previous Address if less that 2 Yrs	State		Postcode
	How long have you been at this address?		
Telephone		Mobile	
Email			
Emergency Contact		Best Phone Number	
Working with Vulnerable People Registration N ^o		Exp Date	

Background Interests / Hobbies / Skills / Experience (Attach addendum sheet if required)
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I wish to be a member of SVPACT Incorporated. (To vote at General Meetings) Yes / No

I declare that the information in this mentor application is correct, to the best of my knowledge

Applicant's Signature _____

Date _____

Please complete referee details and declaration on Page 2

“It takes a village to raise a child”

Referee Details

Please provide contact details of TWO people, of good standing, who have known you for more than 2 years (other than family members).

Name	
Telephone – Office Hours	
Mobile	
Position/Relationship to you	

Name	
Telephone – Office Hours	
Mobile	
Position/Relationship to you	

CONFIDENTIALITY

Please read and complete and sign.

_____ Full Name

I understand that as a volunteer working with SVPACT Inc at a school, I have the responsibility to respect and maintain the confidential nature of activities within the school. Where necessary, I will pass on issues of concern to the School Volunteer Program Coordinator at the school or the School Principal.

I agree to keep any information relating to students, parents, teachers and the school management system confidential.

I agree to comply with the Australian Privacy Principles of the Privacy Act 1988 as amended, and the confidentiality provisions of the ACT Education and Training Directorate Code of Conduct for persons working in schools

_____ Signed

_____ Date

PLEASE NOTE

PRIVACY ACT

Personal data you have provided will be treated as confidential, in line with the Australian Privacy Principles of the Privacy Act 1988 as amended.

Completed Forms

Please Email svpact2018@gmail.com
Post SVPACT Inc. PO Box 3699, Weston Creek ACT 2611

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