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As a volunteer with SVPACT Inc I will:

1. Know and understand all my responsibilities in my role working with students.
2. Always represent SVPACT with professionalism, dignity, pride and courtesy.
3. Treat all people respectfully, with honesty and integrity and not influence students on matters of a religious, political or personal nature.
4. Be alert and focussed when undertaking my volunteer role and not be under the influence of alcohol, illicit drugs or prescribed medication that affect my perception or mobility.
5. Advise SVPACT if I experience significant changes in my physical or mental wellbeing that may adversely affect my volunteering role.
6. Respect the privacy of students and staff and hold in confidence any private and personal information I may come across during my role as an SVPACT volunteer.
7. Always be circumspect and professional and refrain from making and sharing judgements about the school in which I am volunteering.
8. During each school visit at my allocated school, sign in and out, wear my SVPACT name badge and carry my Working with Vulnerable People Card.
9. Undertake my volunteer role with my allocated student(s) in a public area of the school such as a corridor, staff room, library or within eyesight of at least one member of staff.
10. Never email or engage with my allocated student(s) via telephone, text messaging, and social networking and other technologies such as Facebook, Instagram, Snapchat and Twitter.
11. Never transport students as part of my SVPACT role.
12. Never photograph students without written permission of the school and the student's parent/guardian
13. Accept that all SVPACT volunteering activities are school based, during regular school hours and occur within the confines of the school premises.
14. Agree that I will not continue, in any way, the in-school relationship I have developed with my student(s) outside the school premises, out of school hours or attend the student's home.
15. consult with the School Coordinator if I have any concerns about my volunteering role or the tasks allocated If unable to resolve the matter at the school level, I will contact the SVPACT Mentor Coordinator for advice and assistance.

I, (print full name) \_\_\_\_\_ agree to abide by our Code of Conduct and accept that any breach may result in the termination of my SVPACT Mentor role.

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

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

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