



VOLUNTEER ASSISTANT AGREEMENT

To be read and signed by all volunteer assistants on an EOTC event.

This form may be kept on file and used again.

Na	lame				
Addı					
Phone numb	bers (home)				
	(work)				
	(mobile)				
I am the parent/caregiver of					
OR					
l am a volu	unteer (please tick)				
As a volunte	eer assistant at a school EOTC event (either on school grounds or o	off):			
 I am willing to comply with the requests from staff and follow safety procedures that have been set. I am willing to assist in aspects of running the event, based on information I have supplied in the Activity Leader/Assistant Competence form. I agree that I am bound by the school's privacy policy and will maintain confidentiality regarding students and families at the school. I agree that I am bound by the drugs and alcohol policies of the school, and will not consume or be under the influence of alcohol, illegal drugs, or other harmful substances when supervising or in the presence of students. 					
patr	gree that I am bound by the smokefree policy and will not smoke an crol area or EOTC venue, or when supervising students. Except the terms of my involvements, as stated above.	ywhere on school	grounds, including a road		
Signature		Date			

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TRANSPORT VOLUNTEER AGREEMENT

Students will be transported by volunteer				
1	Name of driver			
2	I can provide transport for children and will not exceed my vehicle's seating capacity.			
3	I confirm that my vehicle is registered, roadworthy, and has a current warrant of fitness.			
	Vehicle registration #Expiry date			
4	I hold an appropriate current driver licence for the vehicle I will be driving.			
	Driver licence # Expiry date			
	Type of licence (tick all the apply)			
	☐ Full car licence ☐ Passenger service licence ☐ Large passenge	r service and heavy traffic		
5	My vehicle is covered by one of the following insurances: 3 rd party property	☐ Comprehensive		
6	I will ensure that the students I am transporting:			
	\square get out of the car on the footpath side			
	do not travel in the rear of a station wagon			
	\Box do not sit in the front seat of a vehicle fitted with airbags			
	☐ use the appropriate restraints (e.g. shoulder belt only)			
	\square use booster seats provided by their parent/caregiver, as appropriate.			
7	I understand that it is my responsibility to:			
	\square supervise the students until they re-join their group			
	\square go to the arranged meeting point(s) on time			
	\square not provide food to any of the students			
	$\ \square$ not smoke or use alcohol/illegal substances while in the car or supervising children	ı.		
I acknowledge that the above information is accurate.				
racknowledge that the above information is accurate.				
Name Phone #				
	Signature Date			
(if c	Child's name a parent volunteer)Room#			

COPY RETAINED AT SCHOOL AND A COPY GIVEN TO DRIVER

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