



Heathcote Primary school
Stephanie Alexander Kitchen Garden
Program
Volunteer Personal Information

Name: _____

Address:

Phone (home):

(mobile):

Email:

Emergency contact (name & phone):

If you are a parent of a child/children at Heathcote Primary School please list their name/s:

Relevant skills/interests:

Do you have any significant health issues that may affect your volunteering (e.g. food allergies)?

I have attached a copy of my current Working With Children Check YES/NO

If NO have you applied for your Working With Children Check? YES/NO

I have signed the Agreement of Understanding (below) YES/NO

PROGRAM NOMINATION (please circle your preferred volunteer session/s)

GARDEN PROGRAM		KITCHEN PROGRAM	
Wednesday 10.00am – 10.45am	Thursdays 10.00am – 10.45am	Wednesday 11.30am – 1.30pm	Thursdays 11.30am – 1.30pm

Agreement of Understanding

I have fully read this document and the attached Guidelines and hereby recognise, understand and accept my obligations as a volunteer with the Kitchen Garden Program at Heathcote Primary School. In signing this agreement I also understand the importance of privacy of information and confidentiality pertaining to my role as a volunteer at Heathcote Primary School.

Signature of Volunteer

Signature of Program Representative

Date