School Holiday Volunteer Program Application Form

Surname…………………………………………First Name: ……………………………… Birth Date …./..../….

Address: ……..

Postcode………….Telephone …………………….School Name……………………………Student Year Level…………

Student Email…………………………………………

Name (Parent/Guardian): …………………………………………………………………………..

Address: …………………………………………………………………………………. Postcode: …………

Telephone:…………………………………………….

Emergency contact (Name and Tel.): ……………………………………………………………………………….

PRIVACY INFORMATION: The information provided on this form is for the administration of Volunteer Arrangements only and is not to be used for any other purpose. Health information will be provided if the Student has a medical condition or requires medication that may be relevant to their placement. This information must be kept confidential.

STUDENT AGREEMENT

I, _____agree to take part in this School Holiday Volunteer Program which includes the requirement of my undertaking the following activities:

1. Carry out all reasonable and lawful directions of Kyabram Health and perform the activity to the best of my ability;
2. Comply with all reasonable workplace rules and requirements governing safety and behaviour; Attend at the workplace on each day at the agreed time;
3. Inform both Kyabram Health and the School Coordinator as soon as possible if I am unable to attend the Activity;
4. Promptly inform Kyabram Health of any accident, injury or incident that may occur;
5. Agree that no payment will be made to me for this voluntary activity;
6. I agree to my obligations of maintaining privacy and confidentiality of all patients, residents, staff and Kyabram Health business I encounter while carrying out voluntary activities at Kyabram Health;
7. As a student I will dress and act appropriately and will complete given tasks within the context of my role, whilst always maintaining the dignity of patients, residents and visitors of Kyabram Health;
8. Not attend the volunteer activity if I am feeling unwell;
9. I understand that my parent or guardian will determine whether or not I will undertake this School Holiday Volunteer Program.
10. I understand that Kyabram Health has the right to end this volunteer activity on the basis of unsatisfactory performance, my behaviour or for any reason to meet the needs of Kyabram Health at any time.
11. I give consent to Kyabram Health to reproduce my photograph in organisational publication/s. The material may appear in printed or electronic form and may be available to a global audience on the internet.

Student's signature: .... Date: ……/……/……..

PARENT/GUARDIAN AGREEMENT AND CONSENT

I, _____ consent to my child taking part in this School Holiday Volunteer Program.   And

1. I Agree that he or she will be subject to the direction and control of Kyabram Health and the nominated Supervisor(s);

2. Understand that all reasonable care for the health and safety of my child will be taken by Kyabram Health and the nominated Supervisor(s);

3. Expect my child to comply with all reasonable workplace rules and requirements governing safety and behaviour;

4. Understand that I am responsible for my child's transport to and from the volunteer activity;

5. Agree that no payment will be made to my child for the volunteer activity; a

6. Understand that I will be notified as soon as possible in the event of illness of or accident to my child, but where it is impracticable to communicate with me I authorise the person in charge at the volunteer activity of Kyabram Health to consent to my child receiving such medical and surgical treatment (including the administration of an anaesthesia) as may be deemed necessary by a legally qualified medical practitioner, and administer such first aid as is judged to be reasonably necessary;

7. Attach details of any known medical condition which may affect my child, and any medication or treatment which may be relevant;

Parent or Guardian Signature. …………………………………………………………………………………… Date …../…../……..

KYABRAM HEALTH ACKNOWLEDGEMENT

I, ………………………………………[name of Kyabram Health Volunteer Co-ordinator] agree that:

1. I understand occupational health and safety legislation and standards relevant to the conduct of my undertaking and will comply with these laws and standards with respect to the Student as if the Student were my employee;

2. I will identify all hazards relevant to the conduct of my undertaking and will assess and control all related risks. If I have not controlled all related risks I will inform the School of this fact prior to the School Holiday Volunteer Program commencing;

3. I will consider and take into account the competency, maturity and physical capabilities of the Student in relation to all activities he or she will undertake. The Student's program of activities will be planned and carried out with these considerations in mind;

5. I will nominate a Supervisor (or Supervisors) of the Student;

6. I will provide appropriate information, training, instruction and supervision to the Student in respect of occupational health and safety and will provide any equipment and/or clothing which is required to comply with my duty of care toward the Student;

7. I will ensure that the School Holiday Volunteer Program activities are undertaken in a non-discriminatory and harassment free environment;

8. I will permit access to the workplace and contact with the Student by the parent or caretaker at any reasonable time during the School Holiday Volunteer Program Arrangement;

9. I will ensure that the School Holiday Volunteer Program Arrangement is not used as a substitute for the employment of employees or the engagement of contractors and the payment of appropriate wages or fee for services to employees or contractors respectively;

1 0. I will ensure that the maximum number of students in the voluntary activity does not exceed one Student for every three employees;

1 1 Where the Parent/Caretaker has disclosed any necessary health information in relation to the Student I confirm that I will maintain the confidentiality of that health information and only disclose this information to another party if treatment is required for a known medical condition or in the case of a medical emergency;

1 3. I will notify the Parent/Carer as soon as is possible if the Student is absent, injured or becomes ill in the course of undertaking the School Holiday Volunteer Program;

14. I will consult with the Parent/Carer if I consider it necessary to terminate the Arrangement before the specified time.

Kyabram Health Volunteer Coordinator Signature……………………………………………………………. Date: …. /…./…….