

Student and Volunteer Details Form

Title: _____

First Name: _____

Surname: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

Days and times student or volunteer is on premises

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Emergency Contact

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Address: _____

Telephone Number: _____

Do you have a National Police Certificate?

Yes (please provide original) No (please complete an Application for Volunteer National Police Check)

Do you have a current Working with Children Check?

Yes (please provide card) No

Medical Information – to assist us in caring for your wellbeing, and that of your fellow staff, volunteers and customers, we would appreciate you advising us of any pre-existing injury or medical condition which potentially may affect your ability to perform your work safely. Alternatively discuss this with your Educator. All information will remain strictly confidential.

Privacy Disclaimer: The YMCA acknowledges and respects the privacy of its staff and volunteers. The personal and health information being collected are for the purposes of processing your application for volunteer work with the YMCA. By commencing volunteer work with the YMCA you have consented to this information to be collected, used and disclosed for the purposes it is intended. The intended recipients of this information are the YMCA and its authorised staff. You have the right to access and alter personal and health information concerning yourself in accordance with the Commonwealth Privacy Act and the YMCA Privacy Policy.