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|  | Richmond View School |
| **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.* |
|  |  |
| **Name** |  |
|  |
| **Address** |  |
|  |  |
|  |  |
|  |
| **Phone numbers** | **(home)** |  |
|  | **(work)** |  |
|  | **(mobile)** |  |

|  |  |
| --- | --- |
| I am the parent/caregiver of |  |
| **OR** |  |
| I am a volunteer (please tick) | □ |

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| **As a volunteer assistant at a school EOTC event (either on school grounds or 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.
* I agree that I am bound by the smokefree policy and will not smoke anywhere on school grounds, including a road patrol area or EOTC venue, or when supervising students.
* I accept the terms of my involvements, as stated above.
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| **Signature** |  | **Date** |  |