

Volunteer Registration

Personal Information

Title: _____ First Name: _____ Preferred Name: _____
Surname: _____ Gender: _____
Postal Address: _____
Email: _____
Mobile: _____ Phone: _____ DOB: ____/____/____
Emergency Contact: _____ Mobile: _____
Student Connection: _____

Support Requirements

Do you have any medical conditions of which you would like us to be aware? Yes No

Do you have any capacity restrictions that require support from the College? Yes No

If you have answered Yes to either of these questions, please provide details:

Program Support

Areas of Interest:

- Reading Classroom Support Gardens & Conservation
 Library Other _____

Availability:

- | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Monday | Tuesday | Wednesday | Thursday | Friday |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning | <input type="checkbox"/> Morning |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Afternoon |

Fundraising & Events

Areas of Interest:

- Parents & Friends Committee Member Parents & Friends Supporter Grateful Grandies
 Excursions Camps (R-6) Outdoor Education Camp (7-12)
 Events & Catering Other _____

Thank you for your interest. Please submit to people@encounter.sa.edu.au.

Principal Approval

Signature: _____ Date: ____/____/____