

Volunteer Registration



Personal Information

Title: _____ First Name: _____ Preferred Name: _____

Surname: _____ Gender: _____

Postal Address: _____

Email: _____

Mobile: _____ Phone: _____ DOB: ____/____/____

Emergency Contact: _____ Mobile: _____

Student Name/s: _____

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:

Areas of Interest

<input type="checkbox"/> Reading	<input type="checkbox"/> College Events
<input type="checkbox"/> Classroom Support	<input type="checkbox"/> Excursions
<input type="checkbox"/> Library	<input type="checkbox"/> Gardens & Conservation
<input type="checkbox"/> Parents & Friends Committee	<input type="checkbox"/> Grateful Grandies @ VH Lutheran Church
<input type="checkbox"/> Camps (R-6)	<input type="checkbox"/> Other: _____

Thank you for your interest in volunteering at Encounter.

Please submit this form to people@encounter.sa.edu.au.