



Volunteer Application form – confidential

Your personal details

Are you a parent / guardian of a child at Magill School? Yes No

Given name:	Family name:
Home address:	
Postal address: same as above <input type="checkbox"/>	
Home phone:	Mobile:
Email address:	
Emergency contact name:	Emergency contact phone:
Do you have any medical conditions that we should be aware of in case of an emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>	
E.g. diabetes, severe food allergy, asthma, epilepsy (If yes please give details below and discuss at time of interview.)	
Do you need any special assistance because of a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If yes please give details below and discuss at time of interview.)	

How can you connect with our community?

Your country of birth:	
Are you Aboriginal or Torres Strait Islander: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Languages you speak other than English:	
Experience, interests and skills: List any experiences / interests you can contribute as a volunteer.	