



Learning Striving Growing Together

Volunteers Registration Form

Volunteers Name:

Contact Phone Number:

Email address:

Parent/ Grandparent/ Community Member:
School Family Connection:

Days and Times Available for volunteer work:

Do you have a current DCSI Child Related Employment Screening? YES / NO

Have you participated in a recent Volunteer RAN Training? YES/ NO. This needs to be undertaken every two years .

How would you like to be involved as a volunteer at Braeview School R-7?

<input type="checkbox"/> LAP	<input type="checkbox"/> Soccer Coaching	<input type="checkbox"/> Resource Centre
<input type="checkbox"/> Garden (Mon / Tues)	<input type="checkbox"/> Basketball Coaching	<input type="checkbox"/> Events: General
<input type="checkbox"/> Kitchen (Mon /	<input type="checkbox"/> Netball Coaching	<input type="checkbox"/> Events : Barbecue
<input type="checkbox"/> Listening to students read	<input type="checkbox"/> Football Coaching	<input type="checkbox"/> Governing Council
<input type="checkbox"/> Class/School	<input type="checkbox"/> Umpiring sport	<input type="checkbox"/> Breakfast Bellies

We are keen to establish a Volunteer Meeting Group that will meet regularly (twice a term) on a "to be decided" day at 2:00pm. What will it look like?

- Students/Classes will be organised to share learning (10minutes)
- Discuss, plan and organise school business: curriculum, fundraising, grounds, uniforms, sports, events etc.
- Afternoon tea

Please indicate if you would be interested in being involved in this group

If you are unable to commit to attending meetings (work commitments), would you be interested in supporting this group - working bees/ at events etc.?

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