



To be read and signed by all volunteer helpers on an EOTC event.
These may be kept on file and used repeatedly.

For parents/volunteers who have been invited to assist on the event

Name

Address

Telephone (home)
 (work)
 (cell phone)

I am the parent/caregiver of (name)

OR

I am a volunteer helper (please tick)

As a parent / volunteer helper taking part in the school EOTC event:

- I am willing to comply with requests of staff and will follow safety procedures they have set.
- I am willing to assist in aspects of running the event, based on information I have supplied on the Staff and Volunteer Competence form (sample form 9).
- I agree there is no place for alcohol on a school EOTC event.
- I accept the terms of my involvement as stated above.

Signed:

Date:

Name