

Greenlink Box Hill Inc

41 Wimmera Street
Box Hill North 3129



Parent's consent required for anyone under 18 wishing to Volunteer at Greenlink Box Hill Inc.

Volunteer Personal Information – please fill in:

First Name:..... Last Name:.....
Preferred Name:.....
Email
Address:.....
Address:.....Postcode.....
Mobile:.....
Date of Birth:..... Country of Birth:.....
Gender: Male / Female Name of parent/Guardian

Emergency Contact (if different to parent/Guardian) : Name:.....
Phone Number.....Relationship to volunteer:

Medical Information – please circle

Do you suffer from any illness or medical conditions? **Yes / No**
Are you allergic to any drugs or medication? **Yes / No**
Are you allergic to bandaids/ antiseptic creams/ anti bacterial lotions? **Yes / No**
Do you suffer from any allergic reactions to *bees / wasps*? **Yes / No**
Do you suffer from any allergic reactions to *anything else*? **Yes / No**

If you answered 'yes' to any of the above, please detail below

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Photographs

Do you give permission to take and use your child's photograph for promotional purposes? Photographs maybe used in the Greenlink Newsletter, Greenlink Website, or on Greenlink's Facebook Page. **Please Circle: Yes / No**

Indemnity Statement – please read and sign:

By signing below, I agree to my child volunteering at Greenlink Box Hill Inc. I understand that any hurt, loss injury or damage sustained by my child or to their property during the time they spend at the Nursery is not the responsibility of Greenlink, and its volunteers. In the event of accident or illness, I give permission to obtain the necessary medical assistance to protect my child's welfare.

Signed.....**Date**.....
(This form must be signed by a parent or guardian)

Parents/Guardians

Signature.....**Date**.....

Relationship to

Participant.....

Please call 0479 121 653 if you have any questions about this form or your child's activities whilst they are a volunteer at the Nursery