



20 Hilton Street
KAIAPOI 7630

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Volunteer Assistant Agreement

*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)

 (mobile phone)
(email address)

I am the parent/caregiver of (name)

OR

I am a volunteer assistant (please tick)

As a volunteer assistant 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.
- I agree that I am bound by the school privacy policy and will maintain confidentiality regarding children and families at the school.
- I agree that I am bound by the Alcohol, Drugs and other Harmful Substances policy and will not be consuming or be under the influence of alcohol, illegal drugs, or other harmful substances when supervising or in the presence of students.
- I agree that I am bound by the Smokefree policy and will not smoke anywhere on the school grounds, including the road patrol area and EOTC venue, or when supervising students.
- I accept the terms of my involvement as stated above.

Signed: Date:

Name

