

Registration Form for MANNA4LIFE Volunteers

Please write clearly, all information will remain confidential.

First Name:	S	urname:		
Date of Birth / /		Registration Date / /		
Address:				
Telephone Home:		Mobile:		
E-Mail (s):				
Occupation:		Church:		
Emergency Contact Information				
Name:	Rel	ationship		
Ph:				
Medical history/conditions/ aller	_	lications:		
Hepatitis Vaccination A & B:				
Food Handling Course (online):				
Working with Children Check:	Yes □	No □		
National Police Check:	Yes □	No 🗆		
Preferred serving duties (Please c	ircle): Food	l Service /Food Van / Health & We	llbeing You	th Work
Criminal History Have you ever been charged or co	onvicted or	any criminal offence or activity?	Yes □	No 🗆
Are you currently listed on any sex offender registry?			Yes □	No □
All the information I have provided disclosed will cause my position with		-	that was no	ot
SIGNED		Date / /		

Version 3.0 17/8/19



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Value Statement I(Your Name) have read and understood the Manna4Life Value Statement and hereby accept and will abide by the Manna4Life Value Statement, and other associated Manna4life rules at all times when serving with Manna4Life. I also understand that if I do not, I cannot serve with Manna4Life. SIGNED Date **Confidentiality** Please tick to show that you have understood and agree to the following: Personal details of fellow volunteers must not be provided to those who attend our service Confidential information of those who attend our service will not be disclosed to people who are not part of the Manna4Life organisation. Any information disclosed to me relating to abuse by a child will be reported to the Program Leader and kept confidential, unless required by Police or DHS as part of the reporting procedure. ☐ I understand that some basic personal information provided in my registration form may need to be disclosed to future partnership programs. This is for safety reasons and some organisations require personal information in order to participate. Please confirm your consent for the release of your information ☐ I give full consent to Manna4Life to provide my basic information to any organisations it partners with I give partial consent to the release of my information to any other organisations I give consent to the following information being released _____ ☐ I do not consent to the release of any personal information. SIGNED Date

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