



## Volunteer Expression of Interest

Full name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

*Please attach a photograph so we can put a 'face to the name'. Thank you! ☺*

### Are you vaccinated against Covid-19?

- Yes
- No

*Please note: According to the Emergency Management (Education and Early Childhood Settings Vaccination) (Covid-19) Direction 2021\*, it is a legal requirement that all volunteers who work with the children **in the classroom** must show evidence of a Covid-19 vaccination. If you are not vaccinated against Covid-19 you can still participate in the intergenerational experiences that happen outside of the Echoes premises, such as in the community gardens.*

### Do you have (or are you willing to obtain) a Working with Children Check (WWCC)?

- Yes, I have a WWCC.
- No, I do not have a WWCC but I am willing to obtain one (**free** for volunteers).
- No, I do not have a WWCC and I would prefer not to obtain one.

*Please note: Our legal regulations dictate that **regular volunteers in our classroom** must have a WWCC\*\*. If you choose not to obtain a WWCC you can still participate in the intergenerational experiences that happen outside of the Echoes premises, and you may be eligible to enter our classroom for special events or activities with permission from educators as long as you do not exceed seven visits per calendar year\*\*\*.*

### Photo/video permission:

We regularly take photographs and/or videos of our activities and experiences as part of documentation or displays that we share with our families to make each child's learning visible. We also use some of these photographs/videos for promotional purposes, including on social media, and as part of professional development training. Please tick **ONE box below** to indicate your preferences:

- I give my permission for my image to be featured in photographs/videos and used for *any/all purposes outlined above* (with the understanding that Echoes Montessori retains intellectual property rights and that no remuneration is offered to the individual(s) featured in the photographs/videos). OR,
- I give my permission for my image to be featured in photographs/videos only for *internal displays or documentation for families* (not for public display/promotion/professional development). OR,
- I do not wish to be featured in any photographs/videos.

### Research project permission:

It is our aim to track the progress of our intergenerational program, to measure the positive outcomes for children and volunteers, and to share our results and findings with others who may wish to emulate our model. The format of our research will evolve over time and may include, but not be limited to, interviews, surveys, or observations. Please tick **ONE box below** to indicate your preferences:

- I give my permission to be involved in research projects.
- I do not wish to be involved in research or related projects.

### Emergency Information:

Please specify any conditions / medical needs which we would need to relay to a medical professional in the event of an **emergency**: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_ Contact number: \_\_\_\_\_

## Volunteer Profile

All of the questions on this page are entirely **optional**.

We invite you to please provide as much, or as little, information as you are comfortable with.

What is/was your occupation: \_\_\_\_\_

Is your occupation:

- Current (I still work / volunteer)
- Former (I am retired)
- In transition (I am semi-retired)

Do you have any pets? If so, please tell us about them: \_\_\_\_\_

Please list any skill(s) you'd like to **teach/share**: \_\_\_\_\_

Please list any NEW skill(s) you'd like to **learn**: \_\_\_\_\_

Which language(s) do you speak? \_\_\_\_\_

Which language(s) would you like to **learn**? \_\_\_\_\_

Favourite songs / music / composer: \_\_\_\_\_

Favourite children's stories: \_\_\_\_\_

Please tell us a little about your interests and/or hobbies: \_\_\_\_\_

\_\_\_\_\_

Please tell us a little about key members of your family: \_\_\_\_\_

\_\_\_\_\_

Please tell us a little about your goals for your future: \_\_\_\_\_

\_\_\_\_\_

How would you ideally like to get involved with Echoes Montessori? Please tick all that apply.

- Visit the **classroom** (when Covid protocols permit),
- Participate in activities in **shared indoor spaces**, such as the Community Hall,
- Participate in activities in **outdoor areas**, such as the garden beds,
- Interact from **afar**, such as becoming a 'pen pal' or chatting via Zoom.

Do you have any allergies / medical conditions / physical needs that you would like us to take into account when developing our program or encouraging your involvement? \_\_\_\_\_

\_\_\_\_\_

Is there anything else you wish to share with us at this stage? \_\_\_\_\_

\_\_\_\_\_

Please feel free to attach any additional information or ideas you would like to share with us.

\*<https://www.education.sa.gov.au/parents-and-families/covid-19-coronavirus/covid-19-vaccination-requirements>

\*\*<https://screening.sa.gov.au/types-of-check/working-with-children-check/who-needs-a-check>

\*\*\*<https://screening.sa.gov.au/types-of-check/working-with-children-check/who-does-not-need-a-working-with-children-check>