



Our Lady of the Sacred Heart School

Volunteer Induction Completion

Volunteer

I confirm that I have completed a first-week induction process with my principal/supervisor/other delegated staff member.

I acknowledge that I have read and understood the following school policies:

Please tick to indicate your acknowledgement and understanding

- | | |
|---|---|
| <input type="checkbox"/> Code of Conduct | <input type="checkbox"/> Child-Safe Policy |
| <input type="checkbox"/> Occupational Health and Safety | <input type="checkbox"/> Email, Internet and Social Media |
| <input type="checkbox"/> Volunteers Responsibilities | <input type="checkbox"/> Description of Volunteer Role |

Volunteer's name:

Signature:

Date signed:

Principal/Supervisor

I confirm that induction has been provided and certify that the above-mentioned volunteer has completed first-week induction procedures and received all training as identified during the induction process.

Principal/Supervisor's name:

Signature:

Date signed:

Copy of this checklist provided to new volunteer on (date):