

# Camp Kaitawa

# Volunteer Helpers

For parents/volunteers who have been invited to assist on the event

Name

Address

  

Telephone

  
  

(home)

(work)

(cell phone)

I am the parent/caregiver of  
(name)

OR

I am a volunteer helper

(please tick)

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As a parent / volunteer helper 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 on the Staff and Volunteer Competence form (sample form 9).
- I agree there is no place for alcohol on a school EOTC event.
- I accept the terms of my involvement as stated above.

Signed:

Date:

Name