CORPUS CHRISTI CATHOLIC SCHOOL
REGISTRATION OF INTEREST AS A VOLUNTEER CANTEEN

Volunteer’s Name: ____________________________________________

Eldest Child - Name & Class: _________________________________

Email Address: _____________________________________________

Phone: (H) ___________ (W) ___________ (M) ___________

Do you hold a current Working with Vulnerable People registration?  Yes ☐ No ☐

Do you allow your contact details to be included on a “Contact List” for volunteers? Yes ☐ No ☐

During the period from ................................................ to ..................................... I am able to volunteer in the Canteen on please “✓” the appropriate box/es.

I am able to help on:

Friday
9.30am - 1.30pm

* Weekly ☐
* Fortnightly ☐
* Monthly ☐
* Twice a term ☐
* Once a term ☐

* Specific Dates, ie - _______________________________________________________

Staff at the School Office can assist if you have any queries in regard to your registration of interest. Phone: 6244 7288. Email: office.ccs@catholic.tas.edu.au

Signature of Volunteer: _________________________________

Date: ____________________________________________________________________