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**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:

*Please tick to indicate your acknowledgement and understanding*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Code of Conduct |  | Child-Safe Policies |
|  |  |  |  |
|  | Information, Communication and Technology Policy |  | Anti-Bullying |
|  |
| **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): |  |