



**Wollondilly Anglican College
Volunteer's Acknowledgement Form 2026**

Full Name: _____

Address: _____

Phone: _____

Email: _____

Volunteer Role: _____

Area of College (eg Canteen, Primary, Year 12 students): _____

Days available:

- Monday
- Tuesday
- Wednesday
- Thursday

Working with Children Check

Full Name: _____

WWCC#: _____

Expiry Date: _____

Date of Birth: _____

Attach a copy of photo ID

I _____ have read the Volunteer's Handbook document and agree to comply with the contents and all Child Protection protocols.

Signed: _____ Date: _____

Office Use Only (please tick)

Inducted

Not inducted