**A black and blue text on a black background

AI-generated content may be incorrect.**

**Telephone: 9570 3986** **Facsimile: 9579 4423**

Homepage: [www.valkstoneps.vic.edu.au](http://www.valkstoneps.vic.edu.au/) Email: [valkstone.ps@education.vic.gov.au](mailto:valkstone.ps@education.vic.gov.au)

Parent Helpers

Memorandum of Understanding

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class(es) I will work in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I confirm that:

* I have read and understood the contents of the Volunteers Policy
* I agree to abide by the guidelines for Parent Helpers as set out in this Policy
* I will maintain confidentiality at all times
* I have provided the school with a valid Working with Children Check

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this form and return it to the office as soon as possible. Thank you for the support you are giving to the teachers and students. It is greatly appreciated.