



STATE VOLLEYBALL NSW INC.

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MEMBER PROTECTION DECLARATION

SVNSW has a duty of care to everyone associated with volleyball and to the individuals and organisations that are subject to the National Member Protection Policy. In accordance with the National Member Protection Policy, SVNSW must enquire into the background of those who undertake any work, coaching or regular unsupervised contact with people under the age of 18 years.

All coaches, managers, referees and any other persons in either a paid or voluntary capacity who are aged over 16 years and are working or volunteering with children (under 18 years) MUST complete this declaration and return it to their club, association, referee association (as applicable).

Ia worker/volunteer with
(Name) (Name of Club / Association)
of..... born/...../.....
(Home address) (Date of birth)

Sincerely declare:

1. I do not have any criminal charge pending before the courts.
2. I do not have any criminal convictions or findings of guilt for sexual offences, offences related to children or acts of violence.
3. I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, other forms of harassment or acts of violence.
4. I am not currently serving a sanction for an anti-doping rule violation under an ASADA approved anti-doping Policy applicable to me.
5. I will not participate in, facilitate or encourage any practice prohibited by the World Anti-Doping Agency Code or any other ASADA approved anti-doping Policy applicable to me.
6. To my knowledge there is no other matter that SVNSW may consider to constitute a risk to its members, employees, volunteers, athletes or reputation by engaging me in a paid or voluntary position.
7. I will notify the President or General Manager or CEO of the organisation(s) engaging me immediately upon becoming aware that any of the matters set out in clauses 1 to 6 above has changed.

Declared in the State of New South Wales on/...../ ...2014...

Signature.....

Persons signing this form must also show proof of ID.

Type of ID Sighted:

Administrator tick when ID sighted

If the person signing the declaration is aged over 16 years and is under 18 years their parent/guardian must also complete the Consent below. Children aged under 16 years are not required to complete any part of this declaration form.

PARENT/GUARDIAN CONSENT *(To be completed only if declaration completed by a person aged over 16 & under 18)*

I have read and understood the declaration provided above. I confirm and warrant that the contents of the declaration above as provided by my child or a child under my guardianship are true and correct in every particular.

Print Name.....

Signature..... /...../ (date)

RETURN THIS COMPLETED FORM TO THE ORGANISATION THAT IS ENGAGING YOU TO WORK OR VOLUNTEER
Forms must be returned to the club / association / or referee association that the person completing the form works for, or volunteers with. This form will be held securely on file by the organisation for a period of 3 years.