



Child Operational Deployment and Activities Release Form

Only 'children' who are over 16 years of age and **ordinary** members may participate in operational deployments or activities. These young volunteers must be appropriately trained, deemed emotionally resilient, have approval from their leadership, parent or guardian and have a mentor. All mentors must hold a Working with Children Check.

This form must stipulate the types of incidents the young volunteer may attend, how they will attend and with whom. This agreement must be reviewed every six (6) months. Please refer to the Child Safe, Child Friendly Policy on the Volunteer Hub or contact volunteering@dfes.wa.gov.au for further information.

Deployment approval valid from:	to
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Name of Child Volunteer:
Volunteer ID number:
Age of child:

Contact number:
Address:

Officer in charge

Full name of Brigade/Group/Unit:

Name of Captain/Commander/Unit or Team Leader:
Volunteer ID Number:
Contact number:

Working with Children Check number:
Expiry date:

Mentor details

Name of Mentor #1:
Volunteer ID Number:
Contact number:
Address:
Working with Children Check number:
Expiry date:

Name of Mentor #2:
Volunteer ID Number:
Contact number:
Address:
Working with Children Check number:
Expiry date:

Deployment details

Agreed deployment/activities:

Agreed transport arrangements:

Medical considerations:

Have particular health management issues required for the child been discussed and agreed upon?

Yes No

The terms below must be followed

- permission, in writing, is confirmed from the child's parent or guardian
- each incident/activity will be within the scope of the child's physical and emotional capability
- the child is accompanied by an appropriate mentor at all times and has capacity to leave the incident independently and immediately if the situation changes
- the child will wear appropriate protective clothing and equipment at all times
- the child will not be put into a situation where there is an increased risk of physical or psychological injury the child will raise any issues of personal safety and the mentor will act upon them in a timely manner
- the child attends a personal debrief following each deployment

I give permission for the following 6 months, that a DFES Wellness Officer may contact my child following deployment to an incident deemed potentially traumatic or critical.

Child signature

Date

Parent/guardian signature

Date

Mentor #1 signature

Date

Mentor #2 signature

Date

Captain/Commander/Unit Leader signature

Date

This is a formal record of volunteer activities – please store completed form with Brigade, Group or Unit administration files



Strategic Volunteer and Youth Programs Team
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