



## VOLUNTEER APPLICATION FORM

### PERSONAL INFORMATION

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

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact number: \_\_\_\_\_

### VOLUNTEER EXPERIENCE

Previous Volunteer Experience

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Education / Training

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Interests / Hobbies/ Skills

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Languages Spoken

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Interests / Program Preferences

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**VOLUNTEER AVAILABILITY**

What days and times will you be able to volunteer?

Week Day/s : \_\_\_\_\_

Times : from: \_\_\_\_\_ to: \_\_\_\_\_

from: \_\_\_\_\_ to: \_\_\_\_\_

**MEDICAL CONDITION**

Do you have any health conditions that may impact on your ability to volunteer? Be sure to mention any health condition regardless how insignificant it may appear to you.

\_\_\_\_\_  
\_\_\_\_\_

**TRANSPORTATION**

Driver licence No.: \_\_\_\_\_ Type: \_\_\_\_\_

Do you have your own car?  Yes  No

Are you willing to use your own car to transport resident or other volunteer work?  Yes  No

If yes, is your car comprehensively insured?  Yes  No

How did you hear about our Centre?

\_\_\_\_\_  
\_\_\_\_\_

**REFEREES**

First Referee:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

Second Referee:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

Third Referee:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

**ACKNOWLEDGMENT AND AGREEMENT**

- I agree to a police check and working with children's check being conduct.
- I understand that I am volunteering my time to the Centre and that I will not receive any remuneration for those services.
- I agree that if this registration is approved that I will only conduct work under the guidance and supervision of the Centre employee responsible for the area of work.
- I understand that the Centre reserves the right to terminate my engagement as a Volunteer at its absolute discretion and/or if I fail to comply with the provisions of the Volunteer Policy, Code of Conduct, any relevant legislation and all other policies and procedures that I am inducted in or otherwise informed I must comply with during the course of my engagement as a Volunteer.

**DECLARATION AND DISCLOSURE**

- I declare that I am not a person prohibited by law from seeking, obtaining, undertaking or remaining in child related employment.
- I acknowledge that acceptance of this registration and any subsequent offer of Volunteer Work made by the Centre will be subject to satisfying the requirements under the Child Protection Act 1998, as appropriate. I understand that it is an offence for a person convicted of a serious sex offence to be engaged by the Centre as a Volunteer or otherwise and confirm that I will complete the appropriate forms and authorise the Centre to conduct appropriate checks to satisfy legislative requirements.

**CONFIDENTIALITY**

I understand that all the information provided above is confidential and available only to the relevant staff. I understand that all client and staff information and Centre business is highly private and confidential. In volunteering I undertake that any information learned as a volunteer will not be disclosed in any way to any persons outside the Centre during my time as a volunteer or any time thereafter.

I certify that the information provided above is true and correct.

Signature \_\_\_\_\_

Dated \_\_\_\_\_

**ADMINISTRATION USE ONLY**

INTERVIEWED BY: \_\_\_\_\_

POLICE CHECK CONDUCTED

WORKING WITH CHILDREN CHECK CONDUCTED

REFERENCE CHECK CONDUCTED

FIRST REFEREE

SECOND REFEREE

THIRD REFEREE

COMMENCEMENT DATE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

VOLUNTEER PACK RECEIVED

CONFIDENTIALITY FORM SIGNED