

Volunteer Application Form

Ref. No.

Job code

Title

First Name

Surname/Family Name

Address Suburb Post code.....

Phone..... Mobile Email.....

Where were you born?..... Date of birth.....

Emergency contact (name) (no.) (relationship).....

Is English your first language? ☐ YES ☐ NO List any other languages you speak.....

List languages spoken at home

Are you of Aboriginal or of Torres Strait Islander decent? ☐ YES ☐ NO

Are you a student, part-time/full-time worker, home duties, retired?

In what fields have you previously been employed/studied or volunteered?

How did you hear about us?..... Photograph consent

Do you have a criminal record? ☐ YES ☐ NO Do you have an AVO against you? ☐ YES ☐ NO
(Apprehended Violence Order)

Do you have a car? ☐ YES ☐ NO Driver Licence Class: ☐ C ☐ LR

Driver Licence Number Expiry Date

Is your car insured? ☐ YES ☐ NO

Comprehensive Insurance: ☐ YES ☐ NO Policy No. Third Party Only ☐ YES ☐ NO

Car Registration No. Expiry Date

Vehicle Type..... Can it fit a wheelchair or walker? ☐ YES ☐ NO

List any health problems that we would need to know in an emergency or that may affect your volunteering

Why are you volunteering?

Please list two people we can phone who can tell us about your good character! (*not family*)

One of these referees needs to have known you for at least two years.

1. Name Phone (business hours)

2. Name Phone (business hours)

Office use only:

Interviewed by:..... ☐ Database ☐ Reference Check ☐ Cards

Date: ☐ Photo ID ☐ Training Invitation

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Please choose the type and time you would like to do your work!

How often would you like to work (please tick) ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Relief

Would you like to work (please tick) ☐ Morning ☐ Lunchtime ☐ Afternoon

What day of the week are you available to do your voluntary work? (Please tick)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Weekend

What type of work do you wish to do when offering your TIME – TALENTS – TREASURE

TIME: (For your TIME please number two boxes only, number 1 being first preference)

Home Delivered Meals

- ☐ Driver
- ☐ Helper

Luncheon Groups

- ☐ Helper – English
- ☐ Helper – Chinese
- ☐ Bus driver

Shopping

- ☐ Bus driver
- ☐ Bus helper
- ☐ Individual shopper

Outings

- ☐ Bus driver
- ☐ Bus helper
- ☐ Cuppa Club driver

Linen Service

- ☐ Driver
- ☐ Helper

☐ **Medical Transport Driver**

☐ **Other Drivers**

Community Learning

- ☐ Tutor
- ☐ English tutor ☐ Chinese tutor

☐ **Tax Help**

☐ **Financial Counselling**

Office Assistance

- ☐ Eastwood Office

Other

- ☐ English tutor (ESL)
- ☐ Translating & Interpreting

Youth Services

- ☐ Youth activities
- ☐ Tutor

TALENT:

Examples only -

- ☐ Submission writing
- ☐ Fundraising
- ☐ Training
- ☐ Research or Project Direction

TREASURE:

- ☐ Cash – Donations, planned giving etc.
- ☐ Non-Cash – Reverse Celebration, Gifts
- ☐ Preparation for special occasions

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The Agreement:

It should be noted that clients could be suffering medical conditions. Volunteers have minimal contact with their clients and are extremely unlikely to be at risk. As CCA is not always informed of clients' medical condition we suggest that in all situations requiring first aid, caution be exercised.

By signing this form, I agree to:

- Observe confidentiality
- Adhere to the volunteer rights and responsibilities listed in the handbook
- Read and observe volunteer policy and procedures (Handout)
- Participate in the volunteer assessment process (Interview)
- Attend volunteer training courses (dates to be notified)
- Be responsible for my own car insurance (refer to 'Insurance for Volunteers' in the handbook)
- Not give my phone number to clients
- Tell CCA if I am unable to work
- Follow instructions from staff
- Understand risk of infection
- Consent to a police record check every three years.

Signed **Date**

About Volunteer Training:

Volunteer orientation training is offered to all new volunteers. This training gives an insight into volunteering and provides basic knowledge for all new volunteers. Areas covered include communication skills, confidentiality and values and attitudes. We will contact you through your coordinator or post you an invitation to the training. Your program coordinator will provide additional training specific to your area of work.

Signed **Date**

I have received: ☐ Insurance Information ☐ Volunteer Handbook
☐ Job Description/s ☐ Safety at Work Handout

Signed **Date**