

CCA New South Wales Ltd.

Volunteer Application Form

Ref. No.

.....
 Title First Name Surname/Family Name

Address Suburb Postcode.....

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

Date of birth.....

Emergency contact (name) (Phone) (Relationship).....

Is English your first language? YES NO

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?

Previous field of employment and/or volunteer roles

.....

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

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

Driver License Number Expiry Date

Comprehensive Insurance: YES NO OR

Third Party Only YES NO

Car Registration No.

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

Vaccination status: 1st dose 2nd dose Booster 1 Booster 2

List any health problems that we would need to know that may affect your volunteering

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Please list two people we can phone and 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 Police Check

Date: Photo ID Training Invitation

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

Monday Tuesday Wednesday Thursday Friday Weekend

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

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

Please indicate the type of volunteer work you wish to do at CCAS?

Meals on Wheels

- 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:

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

Other talent.....

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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 if requested
- Be responsible for my own car insurance (refer to 'Insurance for Volunteers' in the handbook)
- Not give my phone number to clients unless necessary
- 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 if required. 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**