

VOLUNTEER EXPERIENCE & EMPLOYMENT

Please provide detail of any relevant current/past volunteering and paid work experience.

Current Employment Status:

Are you currently on WorkCover? Number and expiry date: Yes No

Are you volunteering for Centrelink entitlements? Yes No

Do you have a Health Care Card? Yes No

Do you have a Working with Children Check? Number & expiry date: Yes No

Are you aware of any conflict of interest for you in volunteering in this role or with your preferred organisation? If yes, please provide details: Yes No

REFEREES (PLEASE NOMINATE TWO CONTACTABLE REFEREES)

Name: **Name:**

Relationship: **Relationship:**

Email: **Email:**

Mobile: **Mobile:**

Work Phone: **Work Phone:**

HEALTH AND SAFETY REQUIREMENTS (DECLARATION OF A MEDICAL OR HEALTH CONDITION DOES NOT EXCLUDE YOU FROM VOLUNTEERING OPPORTUNITIES)

Are you aware of any medical or health related condition that could affect your ability to volunteer, or be exacerbated by the volunteer work you will be doing? If Yes, please provide further detail: Yes No

If you are currently suffering, or have suffered from a past injury or illness, or have a disability, are there any arrangements and modifications that could be provided to enable you to carry out your volunteering role safely and effectively? If Yes, please provide further detail: Yes No

VOLUNTEER APPLICANT DECLARATION AND CONSENT

I confirm that the information given on this form is true and complete. I acknowledge that any false or misleading information may be sufficient cause for rejection of this application.

I understand that the information provided within this application will be treated confidentially, and will only be used in relation to the application for volunteering.

I consent to the following:

- My information being kept in accordance within the Privacy Act 2000
- A Police Check (Fit2work or CrimCheck)
- A Referee Check

Do you give permission to use your image, video or voice recording in our website, newsletters, brochures and newspapers for a variety of promotional purposes? Yes No

If at a later date I choose to volunteer with the other agency/agencies listed on this form, I consent to the information provided on my application to be shared with those agencies.

Yes No

Signature: _____

Date: _____

OFFICE USE ONLY – APPROVED YES NO

Police Check sighted Yes No Working with Children's Check sighted Yes No

Date Commenced: _____ Job/Task Accepted: _____

Name: _____ Signature: _____ Date: _____