

# VOLUNTEER APPLICATION FORM



<b>PREFERRED PRONOUN (TITLE):</b>	<b>NAME:</b>	<b>DOB:</b>
<b>ADDRESS :</b>	<b>GENDER: Male</b> <input type="checkbox"/> <b>Female</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>	
<b>SUBURB :</b>	<b>STATE:</b>	<b>POSTCODE:</b> <b>PHONE NUMBER:</b>
<b>EMAIL:</b>	<b>LANGUAGES SPOKEN:</b>	
<b>SKILLS &amp; EXPERIENCE:</b> (Please briefly detail your skills and experience that relate to your desired volunteer role) .....		
<b>HOW DID YOU FIND OUT ABOUT THIS VOLUNTEER POSITION?</b> .....		
<b>RELEVANT TRAINING:</b> (Please list & attached evidence of training or qualifications you have that relate to your volunteer skillset)		
First Aid <input type="checkbox"/> Expiry Date: ..... Other: <input type="checkbox"/> 1)..... 2).....		
<b>REQUIRED DOCUMENTATION:</b> (Please initial each box)		
1. WWVP or Application Receipt	Attached: <input type="checkbox"/>	
2. Driver's license (or birth certificate if none available)	Attached: <input type="checkbox"/>	
3. Training certificates	Attached: <input type="checkbox"/>	
4. Police Check	Attached: <input type="checkbox"/>	
<b>REQUIRED INFORMATION:</b> (Copy of Working With Vulnerable People Card & Driver's Licence must be attached)		
Driver's Licence #:..... State Of Issue:..... Expiry:..... Class:..... Provisional <input type="checkbox"/> Full <input type="checkbox"/>		
Comprehensive Car Insurance details: Insurer name: ..... Policy number: ..... Expiry: .....		
WWVP Card #: ..... Expiry Date:...../or Application Receipt # :..... Date applied:..... Police check #: .....		
Emergency Contact Name: .....Contact Number:.....Relationship:.....		
Do you have any health or physical limitations that would prevent you from performing the required tasks of the position? YES <input type="checkbox"/> NO <input type="checkbox"/> (if YES please provide further information).....		
<b>AVAILABILITY:</b> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/>		
Times: .....		
<b>CONFLICT OF INTEREST DECLARATION:</b>		
Please detail if you have other community sector involvement or employment that may conflict with your volunteer role with Northside.		
Role: EMPLOYEE: <input type="checkbox"/> VOLUNTEER: <input type="checkbox"/> PERSONAL: <input type="checkbox"/> Potential conflict:.....		
<b>ENDORSEMENT:</b>		
1. I agree to comply with all Northside Community Service Policy and Procedures.		
2. I must always have a current WWVP Check and Driver's License on my employee file.		
3. I will disclose any potential conflict of interest relating to myself and Northside Community Service.		
4. I will uphold strict confidentiality and privacy regarding any Northside Community Service activity.		
5. I will uphold standards of behaviour that reflect the organisation's excellent community standing.		
<b>VOLUNTEER NAME:</b> ..... <b>SIGNATURE :</b> ..... <b>Date</b> .....		
<b>Administration Use Only – HR ONLY</b>		
Information entered in Carelink: ..... Name:..... Date.....		
Documentation scanned & attached: Name:..... Date.....		
Notification complete: Name:..... Date.....		