

## VOLUNTEER APPLICATION FORM

### Your Details

Name

Address

Home Phone

Mobile

Email

Drivers Licence No

Vehicle Registration

Date of Birth

Country of Birth

Languages Spoken

### Preferred Mode of Contact (please select one)

Home Phone

Mobile

Email

### Emergency Contact Details

Name

Address

Home Phone

Mobile

Relationship to  
Applicant

## Type of Work Preferred

In order to assist us to match volunteers with areas of need/client requirements, please provide the following details:

**Please tick the appropriate box below (you can select more than one option).**

- Short Term General Volunteers (less than 3 months' time commitment)
- Medium Term General Volunteers (3 - 12 months' time commitment)
- Long Term General Volunteers (more than 12 months' time commitment)
- Work for the Dole
- Special Events i.e. Easter Appeal
- Fundraising Activities

**What days would you like to volunteer?**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

**What time of day would you like to volunteer?**

- Morning
- Afternoon
- Evening
- Any

**Preferred Total Volunteering Hours / Week?**

### Do You or Have You Volunteered Before?

It's okay if you have never volunteered before. We still would like to hear from you.

Yes  No

If so, please provide details of volunteer experience (name of organisation, type of experience):

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### Are You Currently Employed?

Yes  No

### Are You Currently Studying?

Yes  No

If yes, what are you studying?

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### Are You Registering Under the *Work For The Dole*?

Yes  No

### Are You Legally Entitled to Work and or Volunteer in Australia?

Yes  No

### Do You Have Any Restrictions on Your Right To Work and Or Volunteer in Australia?

Yes  No

If You Are Not an Australian Citizen, Please Complete the Following Section

Passport Number

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Passport Country of Issue

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Visa type/number

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Expiry Date if applicable

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I permit SCHS to check my visa status (working rights) with the Department of Immigration and Citizenship online Visa Entitlement Verification system (VEVO).

Yes

No

**Do You Have Any Medical Conditions or Disability That Could Impact on Your Ability to Undertake Certain Tasks?**

Yes

No

Please advise of any limitations or conditions even if they might not affect you undertaking certain tasks

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**Note** All medical and personal information will be treated as confidential.

**Do You Have a Current *Police Check*?** (within last 3 months)

Yes

No

\*If Yes, you will be required to provide a copy at the interview.

**Do You Have a Current Working With Children Check?**

Yes  No Card No: \_\_\_\_\_

\*For some roles you may be requested to obtain a WWCC. It is free for volunteers and lasts for 5 years. Please provide a copy at the interview if you have one.

**Have you had a Disability Worker Exclusion Scheme Check completed?** (within last 3 months)

Yes  No

**Do You Have an Ambulance Subscription? Or covered by a pensioner concession card?**

Yes  No Member/CRN No: \_\_\_\_\_

\*In the case of an emergency an ambulance will be contacted, and associated expenses will be the responsibility of the person volunteering.

**Do You Grant Permission for the Use of Photographs and Videos of yourself?**

Yes  No

I AGREE for **SCHS** to take, use, & distribute photographs, in order to promote volunteering or the organisation. I allow such use.

**Do You Grant Permission for SCHS to Contact Your Referees?**

Yes  No

I hereby authorise SCHS to contact my referees that I have provided below so that they may attain any information which in their opinion, be able to attest to my suitability, qualifications and work history for a volunteer role at SCHS.

Please provide contact details of two referees, please note referees cannot be a friend or a relative.

If you do not have any referees, please contact our Volunteer Coordinator to discuss further.

**Referee 1**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Relationship to the Applicant \_\_\_\_\_

## Referee 2

Name

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Phone Number

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Email

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Relationship to the Applicant

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### Have you Attached your Resume to the Application Form?

Yes

No

It is okay if you do not have a resume. If this is the first time you have needed one, we can help you to create one. Please discuss this with our Volunteer Coordinator.

### Declaration

In completing this application form I declare that all information provided is true and accurate, and I am:

- Over the age of 18 years, or if under 18years of age have parent / guardian consent
- Committed to SCHS organisational values of, Compassion, Justice and Collaboration

And I will:

- Adhere to SCHS policies, procedures and training requirements
- Respect the confidentiality and privacy of staff/volunteers, patients and their families
- Respect cultural differences
- Work cooperatively with staff/volunteers and act as part of a team
- Perform the duties and obligations of the role in a professional and competent manner
- Maintain standards of safety and infection control

Signed

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Date

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### Parental / Guardian Approval

I, \_\_\_\_\_ declare my child \_\_\_\_\_ is  
under 18 years of age and hereby authorise this consent and release on their behalf.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Guardian Relationship to Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only

#### Application Form Received By

Name

\_\_\_\_\_

Role

\_\_\_\_\_

Date

\_\_\_\_\_