



## Volunteer Application Form

**Please print clearly**

Title:  Mr  Miss  Ms  Mrs  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Are you an Australian Citizen?  Yes  No

If No do you have permanent Australian residency status?  Yes  No

Please provide details of your visa:  Holiday  Student  457  Other \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Driver's Licence Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Class \_\_\_\_\_

Are you currently employed?  Yes  No

Occupation/and or previous occupation (s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any voluntary work experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list qualifications/skills/trade/training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Interests & Hobbies**

Sports  Music  Craft  Gardening  Computers  Woodwork  Complimentary Therapies

Others (please specify): \_\_\_\_\_

**Other Languages**

Please specify: \_\_\_\_\_

**What has motivated you to volunteer?**

Work Experience  Give back to the Community  Centrelink obligation  Companionship  Learn new skills

Relative/friend at Uniting Church Homes  Other (please specify): \_\_\_\_\_

**Type of volunteer work preferred**

Residential based  Community based

Group Activity  Driving  One to one visiting  Aromatherapy  Other (please specify): \_\_\_\_\_

Policy No:	46	Form No:	1	Original Release Date:	October 2008
Current Release Date:	July 2009	Date of Next Review:		September 2009	

**Availability** Please list days and times you would be available

Are you available for:  Less than 3 months  More than 6 months

Are you available during school holidays?  Yes  No

**Which is your preferred location for volunteer work? Please tick:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Avon Valley Residency, Northam | <input type="checkbox"/> Bethavon, Northam            | <input type="checkbox"/> Carramar, Morley        |
| <input type="checkbox"/> City of Bayswater, Embleton    | <input type="checkbox"/> Chrystal Halliday, Karrinyup | <input type="checkbox"/> Elimatta, Mt Lawley     |
| <input type="checkbox"/> Ella Williams, Noranda         | <input type="checkbox"/> Hillcrest, Geraldton         | <input type="checkbox"/> John Bryant, Marangaroo |
| <input type="checkbox"/> Mertome, Bayswater             | <input type="checkbox"/> Riverslea, Mt Lawley         | <input type="checkbox"/> St. David's, Mt Lawley  |
| <input type="checkbox"/> St. Andrews, Balcatta          | <input type="checkbox"/> Sarah Hardey, Kelmscott      | <input type="checkbox"/> Pilgrim, East Fremantle |
| <input type="checkbox"/> Bethshan, Katanning            | <input type="checkbox"/> Hakea, Bentley               | <input type="checkbox"/> Cygnet, Bentley         |
| <input type="checkbox"/> Hilltop, Bentley               | <input type="checkbox"/> Trinity, Bentley             | <input type="checkbox"/> Annesley, Bentley       |
| <input type="checkbox"/> Rose Mount, Dianella           | <input type="checkbox"/> Chrystal Gardens, Trigg      | <input type="checkbox"/> Euroka, Waterman        |
| <input type="checkbox"/> Rowethorpe, Bentley            | <input type="checkbox"/> State Office, Balcatta       |  |

**Uniting Community Care** Please indicate which preferred suburbs:

**How did you find out about volunteering at Uniting Church Homes?**  Seek  Volunteering WA

Word of mouth  Community Newspaper  Church group  Volunteer Resource Centre

Relative/friend at Uniting Church Homes  Other (please specify): \_\_\_\_\_

**Convictions:** Have you ever been convicted of any criminal offence in any court or are you currently the subject of any criminal charge pending before any court? (you are not required to disclose spent convictions and only convictions relevant to the position being applied for will be considered)

Yes  No If yes, please give details \_\_\_\_\_

**Medical Questionnaire** In the case of any medical emergency, and due to the Uniting Church Homes risk management policy, it is necessary to ask you to provide the following information

Do you have any medical or surgical condition, disability, injury, which may affect your ability to do certain tasks?

Yes  No If yes please give details \_\_\_\_\_

Are you taking any medications for a medical condition?  Yes  No If yes please give details \_\_\_\_\_

Are you allergic to anything?  Yes  No If yes please give details \_\_\_\_\_

**Referee** Please supply the details of one person who can act as a character referee for you. Family members should not be used as a referee.

Name: \_\_\_\_\_ Relationship to volunteer: \_\_\_\_\_

Telephone Contact Details: \_\_\_\_\_ Email Contact Details: \_\_\_\_\_

**Office Use Only**

**Recruitment Checklist**

- |  |   |   |
|--|---|---|
| <b>Volunteer signed forms</b> <input type="checkbox"/> | <b>Volunteer received handbook</b> <input type="checkbox"/> | <b>OSH/No Lift explained</b> <input type="checkbox"/> |
| <b>Police Clearance Check</b> <input type="checkbox"/> | <b>Drivers Licence/ID</b> <input type="checkbox"/>          | <b>HR X Drivers Licence</b> <input type="checkbox"/>  |
| <b>Referee Check</b> <input type="checkbox"/>          | <b>Medical Clearance</b> <input type="checkbox"/>           | <b>Visa</b> <input type="checkbox"/>                  |
| <b>Statutory Declaration</b> <input type="checkbox"/>  | <b>Database</b> <input type="checkbox"/>                    |   |