



Application for Volunteer Work

All new volunteers are required to complete an *Application for Volunteer Work* form. The information on this form will be treated in strict confidence under the Privacy Act of 2002 and National Privacy Principles. Your details will only be used in connection with prospective volunteer work with Northeast Health Wangaratta (NHW). There are a number of key questions on the form, which are explained as follows:

- **Referees:** Before a formal offer to work as a volunteer is made a referee check must be made by NHW. Referees are nominated by the applicant and must be current. Referees should be notified of the application.
- **Physical/Medical:** NHW is committed to providing a safe working environment for all volunteers to ensure that volunteers are not required to complete tasks that they are not able to perform safely.
- **Checks:** In accordance with National Legislation and NHW Policies, all volunteers are required to undergo a National Police Check, Working With Children and Commonwealth Statutory Declaration.

1) Personal details:

Family Name:		Given names:	
Email Address:			
Postal Address:			
Town:		Postcode:	
Phone Work: ()		Home: ()	Mobile:
Date of Birth: / /		Name to appear on ID badge:	

2) Type of volunteer work sought:

NHW offers two types of volunteering opportunities, client contact and general assistance (non-client contact). Opportunities are always arising across the organisation and through the interview process we will determine with you where your interests lie.

Please indicate if you have a particular program area or interest:

3) Do you have any community service or work for the dole commitments to fulfil? YES or NO If YES, please provide details:

4) Why do you want to volunteer with NHW?

5) How did you hear about our volunteer service? _____

6) Are you a permanent resident of Australia? YES or NO If NO, please provide following details:

Passport Number: _____

Expiry Date: / /

7) All volunteers are required to undergo a **National Police Check** (renewed every 3 years), **Working with Children Check** (renewed every 5 years) and provide a **Commonwealth Statutory Declaration** stating that you have not been convicted of a criminal offence either within Australia or overseas. This documentation will be processed by the Volunteer Coordinator upon placement.

a. Have you been convicted of a criminal offence? YES or NO

If YES, please state below the details of each offence including dates:

b. Have you lived overseas since the age of 16? YES or NO



8) Do you hold a current drivers licence? YES or NO If YES, please provide following details:

Licence Number: _____ Expiry Date: / /

9) Do you hold current comprehensive car insurance? YES or NO If YES, please provide following details:

Policy Number: _____ Expiry Date: / /

10) NHW must ensure that you can perform the duties of a volunteer safely. Please give details below of anything that might affect your ability to perform volunteer work or might affect your safety or the safety of others. **Include: Any relevant medical condition or incapacity; any relevant training needs; any specific facilities you may need.**

11) Do you speak any languages other than English? YES NO If YES, language _____

12) Emergency/Next of Kin contact numbers: (please provide two people who can be contacted in case of an emergency)

Name	Relationship	Home Phone	Work Phone	Mobile Phone

13) Previous paid employment or volunteer work: (this allows us to get an idea of life experience)

Role	Organisation	Paid or Voluntary

14) Referees: (person must NOT be related to you)

Name	Position and Company	Phone	Relationship

15) How often are you available to volunteer:

- Twice weekly Weekly Fortnightly Monthly Quarterly
- Annually Other _____

I [name] _____ certify that to the best of my knowledge, the above particulars are correct. As a condition of working as a volunteer at Northeast Health Wangaratta, I agree to comply with the relevant Organisational By-laws, policies and regulations that apply from time to time.

Signature of applicant: _____ Date: / /

Parental Consent (This section of the application form must be completed for all applicants 17 years of age and under)

I Parent/Guardian name: _____ I give permission for _____ to work as a volunteer for Northeast Health Wangaratta. Parent/guardian signature: _____ Date: ___/___/___

Thank you for applying to volunteer with us, please return completed form to:
Volunteer Services, Northeast Health Wangaratta, PO Box 386, Wangaratta Vic 3676