VOLUNTEER APPLICATION FORM

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| **Personal Details** |
| Title: (please circle) | Mr. Mrs. Ms. Miss |
| Name: |  |
| Address: |  |
| Email Address: |
| Home Phone: |  | Mobile: |  | Work: |  |
| Do you have a current Driver’s Licence? |  Yes □ No □  |
| Car: | Manual □ Automatic □ | Heavy Vehicle: □  |

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| Emergency Contact Details |
| First Name: |  | Surname: |  |
| Relationship To Applicant: |  | Email: |  |
| Mobile: |  | Home Phone: |  |
| Name of GP in case of Emergency: |  | Phone Number:  |  |

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| **Medical Information:** |
| The Spiers Centre has a duty of care to protect your health and/or safety while you are a volunteer. Your answers to the following questions will help meet our mutual needs. (Please comment on the impact of the following on work to be performed by you:) |
| Do you have an existing medical disability/condition/injury? Please provide details. |
| Do you take any medication that may affect you work? Please provide details? |

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| Languages (Other than English) (Please indicate whether ***basic (B), medium (M) or fluent (F)*** for both spoken and written |
| 1. |  Spoken: B□ M □ F □ |  Written: B□ M □ F □ |
| 2. |  Spoken: B□ M □ F □ |  Written: B□ M □ F □ |

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| Skills and Qualifications |
| Formal Qualifications: (E.g. Diploma, Degree, Trade Certificate etc) |
| Other Training/Certification: (E.g. First Aid Certificate, Advanced Driving etc) |
| Computer Skills: (E.g. Word, Excel, PowerPoint etc) |

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| **Volunteer Position** |
| Administration □ | Newsletter Distribution □ | Maintenance □ |
| Events □ | Christmas Appeals □ | Group Facilitator □ |
| Special Projects □ | Gardening/Landscaping □ | Children’s Activities □ |

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| **Availability to Volunteer** |
| Am = 9 till 12 PM = 12 to 3 |
| Preferred Days: | MondayAm □Pm □ | TuesdayAm □Pm □ | WednesdayAm □Pm □ | ThursdayAm □ Pm □ | Friday Am □Pm □ | SaturdayAm □Pm □ |

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| **Privacy Statement** |
| Your privacy is our priority. The Spiers Centre Inc needs to collect personal information from Students and Volunteers in order to provide efficient management. The information will be kept in a secure place and only accessed by those who need the information to fulfil their responsibilities at The Spiers Centre Inc. |
| **Declaration** |
| I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work. |
| Signature | Date |

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| **Office Use Only** |
| Interview Date |  |
| *Certificates Required* |
| ***Working with Children’s Check*** Yes □ No□  | ***Police Clearance*** Yes □ No □  |
| Starting Date: | **Orientation Date:** | **Ceasing Date:** |
| Entered on Access □ |