



VOLUNTEER FORM

Position Title:.....

Location of Position:.....

Surname: Given Names:.....

Date of Birth

Address:
.....

Home Telephone Number: Mobile Telephone.....

Are you legally permitted to work in Australia? Yes No

Police Clearance

It is a condition of volunteering that a current (no older than three months) National Police Clearance be provided. Please attach clearance to this application.

Police Clearance attached Yes

It is a condition of volunteering that you have not committed, been charged or been found guilty of any criminal offence in the last 70 days. Declaration signed Yes

Drivers Licence

Do you have a current Western Australian Drivers Licence? Yes No

What Class of Drivers Licence do you have?

Are you able to drive a manual vehicle? Yes No

Please attach photocopy of licence with application

Licence attached Yes

First Aid

Do you have a current first Aid Certificate? Yes No

If yes, please attach copy of certificate



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Working With Children

It is a condition of volunteering with children under the age of 18 years, that a current (no older than three months) Working With Children be provided. Please attach clearance to this application.

Working With Children attached Yes

Please tick any boxes indicating relevant qualifications

- | | | |
|---|--|--|
| <input type="checkbox"/> Certificate 3 Disability | <input type="checkbox"/> Diploma Human Service | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Enrolled Nursing | <input type="checkbox"/> Personal Care Certificate |

Other relevant qualifications or certificates (please attach copies):

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Please tick boxes indicating any relevant training course or workshops you have attended:

- | | | |
|--|---|--|
| <input type="checkbox"/> Auslan/Makaton Sign | <input type="checkbox"/> Manual Handling | <input type="checkbox"/> Medication Administration |
| <input type="checkbox"/> <i>SmarThinking</i> | <input type="checkbox"/> Challenging Behaviours | <input type="checkbox"/> Acquired Brain Injury |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Autism | <input type="checkbox"/> Disability Awareness |
| <input type="checkbox"/> <i>A house Suburbs (Nulsen Haven)</i> | <input type="checkbox"/> <i>Understanding Difficult Behaviours (Nulsen Haven)</i> | |

Non Violent Communication Other (Please List).....

Other (Please List).....

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Additional Information:

(Please add here any additional information relevant to the position eg. skills and personal experiences and knowlegde.etc).

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Work Availability and Requirements:

What is your availability to provide volunteer services (Please tick your availability)

Day shifts (9am-5pm) **Yes** **No**

Evenings (5pm-10pm) **Yes** **No**

Weekends **Yes** **No**

Health

Please provide details of any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform the essential requirements of the volunteering role.

This must include any medical condition or restriction arising from a previous workers' compensation claim. Failure to provide such information may jeopardise your rights to any insurance claim under the Volunteers Insurance.

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When could you commence volunteering with us?.....

Referees:

(Please provide the names, addresses and telephone numbers of three persons as work related referees who can provide relevant information to volunteering support role)

1.
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2.
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3.
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Declaration by Applicant:

1. I understand that any misrepresentation of facts in this application could be cause for not being able to provide volunteer services.
2. I consent to any reference checks which may be necessary to support this volunteer application.
3. a) I declare that I **HAVE / HAVE NOT** had any criminal convictions recorded against my name in the last 70 days.
b) Please provide details of any convictions that have been recorded in last 70 days
.....
4. a) I declare that I **HAVE/ HAVE NOT** any criminal charges currently pending for trial in the criminal justice system.
b) Please list any current criminal charges

I, hereby declare that the information contained in this volunteer application is to the best of my knowledge true and correct.

.....
Signature of Volunteer

.....
Date

Privacy: Your application form contains personal information, which will be dealt with in accordance with our Privacy Policy.