



Volunteer Application Form

This form must be completed by all applicants for voluntary work with

PERSONAL DETAILS

Name in full (*Please print*):
Mr / Mrs / Ms / Miss
Preferred Name: DOB / / Gender:
Occupation:
Home Address:
..... Postcode
Postal Address:
..... Postcode:
Phone (H): (W):
Fax: (M):
Email: (PLEASE PRINT CLEARLY).....
Working with Children and/or Vulnerable Persons Clearance Number (as applicable):
Criminal Record Check Clearance (as applicable):

- The information requested will:
- provide an insight into the applicant's experience, gifts, abilities and resources.
 - highlight an applicant's responsibilities as a volunteer.
 - remain confidential.

PLEASE ATTACH COPIES OF RELEVANT CLEARANCE DOCUMENTATION TO THIS FORM.

EMERGENCY CONTACT DETAILS

Name:..... Relationship:
Address:
..... Postcode:
Phone (H): (W): (M):

On completion, please forward this form to

REFEREES: *Before your application can be approved, please give details of two people who have agreed to be your referees. Neither should be a family member.*

| | |
|------------------|------------------|
| Contact details: | Contact details: |
| Name: | Name: |
| Address: | Address: |
| P/C: | P/C: |
| (H): | (H): |
| (M): | (M): |

I am applying to be a volunteer for:

.....

.....

.....

My Team Leader

OFFICE USE ONLY: *completed form is to be securely stored in a locked cabinet at all times.*

Renewal date: Refs: 1..... 2..... WWC clearance: CRC clearance.....

Appointment Authority Name..... Signature..... Date /..... /.....

PLEASE TELL US ABOUT YOURSELF

1. Please outline your reasons for offering to work with children/young/vulnerable or aged people.
2. What experience do you have of working with children, vulnerable or aged people?
3. Please list any relevant qualifications and/or training that you have attained or attended (including first aid).
4. Is there any medical condition, relevant information or limitation that may affect your ability to fully participate as a volunteer?
(Please give details)

Attach a separate page if space is insufficient.

CHILD, VULNERABLE PERSONS AND AGED CARE PROTECTION STATEMENT

Children, young people, vulnerable and aged persons who are involved in our activities should receive the highest possible standard of care and protection. Therefore, in all our work, we seek to ensure the well-being and development of each individual. Within this context, [insert name of organisation] is committed to the protection of children, young people, vulnerable and aged persons from all forms of abuse.

If you are volunteering to work with such persons you must hold a working with children and/or vulnerable persons clearance or a criminal record check before applying to volunteer with us. *Please attach copies of the relevant documentation to this application.*

Do you accept and understand that you cannot work with such persons unless you have the relevant clearances verified by [insert name of organisation] Yes No

I confirm that the information contained in this application is true and correct. I have read the *Volunteer's Agreement* and agree to abide by its guidelines. *If applicant is under 18, parent or guardian must also sign.*

Name:..... Name:.....

Signed:..... Signed:.....

Date:...../...../..... Date:...../...../.....