

Volunteer Application Form

165-169, Brunswick Street, FITZROY VIC 3065
 Volunteer Coordinator: Jock Allan Tel: 03 9417 6497
 Mob:0417 326 200 Email: jock.allan@smhow.org.au

Name: _____ Date: ____/____/____

Street Address: _____ Suburb: _____ Postcode _____

Phone: _____ E-mail _____ Gender: _____

Date of Birth: ____/____/____ Driver's Licence Number: _____

Country of birth: _____ Are you of Aboriginal or TSI descent? Yes / No

Please list any health problems: _____

Types of medications taken: _____

Emergency Contact Information: Name: _____
 Phone: _____ Relationship: _____

Occupation / Study: *Current* _____
Previous _____

Other Languages: _____

What skills do you have? _____

How did you hear about us? _____

Have you done volunteer work before? Yes / No

Why do you wish to volunteer? _____

Any other information you consider relevant to your application? _____

What attracted you to St Mary's?

Do you use any services at St Mary's? Yes / No If so, which service: _____

Please nominate days and times you are available to volunteer:

Day	Times	Weekly	Fortnightly	Monthly	Other – Please be specific
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

VOLUNTEER BACKGROUND CHECK

In order to best assess where your skills could be utilised, we require references from 2 people who know you either personally or in a work environment.

REFEREE CHECK

- Please supply -** (1) One referee from your work or professional background.
- (2) One person who can give a character reference for you.

Name: (1) _____ (2) _____

Position _____

Phone: _____

POLICE CHECK and WORKING WITH CHILDREN CHECK

At St Mary's, a police background check and Working With Children check is required. Please be assured that all information will remain confidential, and will be destroyed when no longer needed. These checks are done at our expense and we are happy to provide a copy to you upon request.

(Please Note: A previous offence does not necessarily disqualify you from volunteer service. However, failing to disclose such information may lead us to decline your volunteer offer.)

Are you willing to sign a consent form for these checks? Yes / No

CONFIDENTIALITY AGREEMENT

I, _____ agree that I will maintain at all times the confidentiality of all privileged or proprietary information to which I am exposed while serving as a volunteer with St Mary's, whether this information involves a client, a paid staff member, any other person or involves overall agency business.

Signed: _____ **Date:** ____ / ____ / ____

VOLUNTEER AGREEMENT

I understand that the work I do is voluntary and must be in accordance with the St Mary's policies, volunteer guidelines and all relevant legislation - including Code of Conduct, Child Safe Policy, EEO, OH&S, Internet Usage, sexual harassment, violence & bullying, drug & alcohol misuse and Privacy. In signing this agreement, I will abide by the standards of behaviour set out in the Volunteer Handbook

Signed: _____ **Date:** ____ / ____ / ____

We assume you would like to receive our Newsletter and information about special events.

Please tick here if you do not want to receive this