



Volunteer Application (*CONFIDENTIAL*)

Your personal details

Are you a parent/guardian or relative of a student? Yes No Student Name: _____ Relationship: _____

Given name:			
Family name:			
Home address:		Date of birth:	
		Female / male / other/not disclosed	
Postal address: <i>Same as above</i> <input type="checkbox"/>		Home phone:	
		Mobile:	
Email address:			
Emergency contact name:		Emergency contact phone:	
Do you have any psychological or medical conditions that might affect your ability to volunteer? Or anything we need to know in case of an emergency? For example: diabetes, severe food allergy, asthma, epilepsy (If yes please give details below and discuss at your interview.)			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need any special assistance because of a disability? (If yes please give details below and discuss at your interview.)			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Your volunteering, employment or study details

Tell us about something you've done recently:	
Name of organisation:	
Organisation phone:	

How can you connect with our community?

Your country of birth:	
Are you of Aboriginal and/or Torres Strait Islander origin?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not stated <input type="checkbox"/>
Languages you speak other than English:	



Availability: What days and times do you think you could volunteer?	
Tell us about yourself: List a few things that you can contribute to your role as a volunteer. For example, mentoring, gardening, storytelling, etc.	

Screening

Volunteering with us means that you may need a Working With Children Check (WWCC), Responding to Abuse & Neglect (RAN-EC), and Volunteer General Induction training.

Do you currently have a Working With Children Check?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, we will use your full name and your date of birth (provided on this form), and your screening reference number: _____ to register your screening. If no, we can initiate an application on your behalf using the details that you have entered on this form. You will receive an email from DHS to complete the application.	
Have you completed the RAN-EC and Induction Training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please supply your certificates. If no, you can access the RAN-EC and Induction training sessions online and we will email you a link to create a plink login for volunteers.	

Your personal referees

We will contact these people to find out a bit more about you. It's okay if it's someone at our school who already knows you. We just need at least one person's details.

Referee 1

Name:	Email or phone:
How do you know this person? <input type="checkbox"/> friend <input type="checkbox"/> relative <input type="checkbox"/> employer <input type="checkbox"/> volunteer coordinator <input type="checkbox"/> other (please specify):	

Referee 2

Name:	Email or phone:
How do you know this person? <input type="checkbox"/> friend <input type="checkbox"/> relative <input type="checkbox"/> employer <input type="checkbox"/> volunteer coordinator <input type="checkbox"/> other (please specify):	

Volunteer declaration – confidential

To make sure we meet our commitment to child safety, we need the information provided above, and a signed volunteer declaration from you. If you have any questions about this declaration, please talk to staff at the front office or the principal. I confirm and declare that to the best of my knowledge I have truthfully answered all questions. I understand that if I provide any false or misleading information I cannot start or stay on as a volunteer.

Your signature: _____ Date: _____ (day/month/year)

Please give this completed form and declaration to the centre, preschool or school you want to volunteer at. They might contact you and organise a time for an interview or a chat.

The information you provide will be treated sensitively and confidentiality according to the [State Records Act 1997](#) and the [Information Privacy Principles Instruction](#).

OFFICE USE ONLY: Site leader: _____ Proof of ID sighted File created, stored securely and confidentially