



Application Form

Introduction

Thank you for your interest in becoming a Communities@Work volunteer. I'm excited you've taken the first step in getting involved in the community, it's a great opportunity and volunteers not only give, but gain so much through the experience.

You will find following our **Volunteer Application form**, please complete this in full and return to me via email, post or drop it at the centre. Once I have received your application I will ask you to join me for an interview.

During the interview, we will discuss your motivations for volunteering and the expectations you have as well as the programs you have an interest in.

The last step to the volunteer recruitment process is your **attendance at a Volunteer Induction Session**. This is requisite to becoming a Communities@Work volunteer; hence **attendance is compulsory**.

After that, you'll be well and truly on your way to being a Communities@Work volunteer!

If you have any questions or queries, feel free to contact me

Looking forward to hearing from you.

Sincerely,



Ala Pietranik
Manager, Volunteer Program

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Section A – Personal Details			
Surname		Given Names	
Date of Birth		Country of Birth	
Home Address			
Postal Address			
Telephone Contact Numbers	Home	Work	Mobile
E-mail Address			
Emergency Contact	Name	Phone	
Are you of an Aboriginal or Torres Strait Islander descent?			<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about the Communities@Work Volunteer program?			
<input type="checkbox"/> Friend <input type="checkbox"/> Was a client <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Flyer <input type="checkbox"/> Other			
Tell us a little about yourself. <i>Who are you? What drives you? Why have you decided to undertake volunteering? Have you volunteered before? Where? Give as much detail as you like.</i>			
What skills, work background, interests, hobbies, and experiences can you bring to your volunteering? <i>Please list as many as you like, we need volunteers with a range of skills and everyone has something to contribute. You may wish to include your CV.</i>			

Go to section B – Availability and Interests

Section B – Interest and Availability							
Please indicate your availability							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
How many hours would you like to contribute? <i>Please indicate in appropriate field.</i>					p/w	p/fn	p/m
Please indicate which programs you would like to volunteer with. <i>For information about the programs, please review our Volunteer Opportunities booklet.</i>							
<input type="checkbox"/> Administration and IT	<input type="checkbox"/> Connections@Cooleman		<input type="checkbox"/> Energy Outreach Program				
<input type="checkbox"/> Marketing	<input type="checkbox"/> Youth Events		<input type="checkbox"/> General Events				
<input type="checkbox"/> Transport	<input type="checkbox"/> Gardening Squad		<input type="checkbox"/> Seniors programs				
<input type="checkbox"/> Shopping	<input type="checkbox"/> Lanyon Men’s Shed		<input type="checkbox"/> Maintenance Squad				
<input type="checkbox"/> Friendship Visitor							
<input type="checkbox"/> OzHarvest Can you drive a manual van or truck? Have you attended food handling or catering training or courses? <i>If yes, please give details and dates:</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
Preferred tasks					<input type="checkbox"/> Pickup/ deliver with a driver <input type="checkbox"/> Pickup/ deliver in own car		
<input type="checkbox"/> SuperGrands Areas of special interest					<input type="checkbox"/> Household budgeting <input type="checkbox"/> Establishing routines <input type="checkbox"/> Basic cooking/ meal planning <input type="checkbox"/> Household hygiene <input type="checkbox"/> Budget shopping <input type="checkbox"/> Home maintenance		
<input type="checkbox"/> Other, please specify							

Go to section C – Medical

Section C – Medical Information

It is important we do not place you in a situation where any health issues you have will result in avoidable risk to yourself and others.

Please advise us (by ticking the YES box below and providing details) if you have any disability, infectious disease, medical condition or illness; or if you are taking any medication or under any medical treatment; or if you have a current workers compensation claim which may in any way impair your performance of the stated duties of your volunteer position (please refer to your Volunteer Duty Statement).

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<i>If you are not sure whether your condition is relevant, you should declare it.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please provide details	

To manage any risks that may arise, it may be necessary for you to seek further assessment from a medical practitioner. We will advise you of this if it is required.

Go to section D – Driving and Insurance Information

Section D – Driving and Insurance Information			
Name on License			
Address on License			
License No.		Expiry Date	
<i>Please attach a copy of your driver's license to this form.</i>			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have comprehensive insurance for your car?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(Motor Vehicle Comprehensive Insurance covers vehicles owned and driven by volunteers for loss or damage to the vehicle or third party property)</i>			
Name of Insurer			
Policy Number		Expiry Date	
Driving history			
Do you have any infringements recorded against your license?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If Yes, please provide details</i>			
Information for Drivers using Communities@Work vehicle:			
<ol style="list-style-type: none"> 1. Advise Finance section of any changes to your driver's license. 2. Any fines or infringements incurred whilst driving Communities@Work vehicle are the responsibility of the driver. 3. In the event of a motor vehicle incident involving a company vehicle, the driver is to: <ol style="list-style-type: none"> a. stop and assist if any person is injured or killed b. contact the police, ambulance or fire brigade if necessary c. exchange the name, address, registration and vehicle registration and vehicle details if another party is involved d. do not admit liability or take any action that could be construed as an admission of liability e. if the police are called for attendance, do not remove the vehicle f. note the name of the attending Officer g. if the police do not attend the scene of the accident, report the incident to the nearest police station within 24 hours h. report the incident to the Chief Finance Officer and relevant Program Manager/Coordinator as soon as practical i. ensure that an Incident Report is completed as soon as practical (forms are available from Finance and are also retained in the glove box of each C@W vehicle) 4. The use of mobile phones whilst driving a Communities@Work vehicle is not permitted. 			

Go to section E – References

Section E – References

Please provide two referees for contact during business hours.

Referees will be contacted and asked to verify your identity as well as answering a few short questions about their opinion and experience working with you, or as a friend. Referees should not be related to you.

Referee name	Email	Contact number
Organisation	Relationship to you	How long have you know them?

Go to section F – Confidentiality and sign off

Section F – Confidentiality and Sign Off

Communities@Work requires all volunteers to be responsible for maintaining the confidentiality of all organisational and privileged information to which they are exposed.

As a volunteer, you will:

- Be conscious about the information you are sharing with others about Communities@Work, and understand how this may impact on the organization and its' clients,
- Not disclose the contents of any official documents you have seen as part of your volunteering role.
- Not disclose any information about service users; both clients and associated agencies that you may have been exposed to during your volunteering role.

I agree as part of the condition of my volunteer role, to keep in strict confidence, any restricted information regarding Communities@Work, or any information concerning the service users of the Communities@Work's programs or any other agency, that I may have knowledge of.

I will not remove any classified written material from Communities@Work unless given permission to do so.

Volunteer release statement:

1. I confirm that the information provided is correct to the best of my knowledge.
2. I understand and accept the code of confidentiality as a volunteer of Communities@Work and agree to attend volunteer training.
3. In the event of a personal insurance claim against Communities@Work, I agree not to take any action which is greater than the extent to which Communities@Work is insured.
4. I agree that it is my responsibility to ensure that my personal vehicle is adequately insured for use as a volunteer for Communities@Work.

Print Name

Signature

Date



Please return this Volunteer Application Form to volunteers@commsatwork.org
or

By post

Volunteer Manager
Communities @ Work
P. O. Box 1066
TUGGERANONG ACT 2901

In person

Volunteer Manager
Communities @ Work
Tuggeranong Community Centre
Cowlshaw Street, Tuggeranong

Please do not hesitate to contact the Volunteer Manager on 6293 6302 if you have any questions or need clarifications.

Office use only

Tracking Sheet completed Referees checked Police check processed File created Database updated

Managers Signature Dated