

## Welcome!

Thank you for expressing your interest in volunteering with Communities@Work!

The dedication and commitment of our volunteers greatly contribute to the services we provide in the community. We are excited that you have taken the first step towards volunteering.

By volunteering with Communities@Work, you will have the opportunity to share your skills and experience for the benefit of many people in need. You will also:

- Meet new people and make new friends
- Feel part of your community
- Expand your skills
- Gain a sense of achievement

## Applying is as easy as 1, 2, 3:

1. Complete and submit the Volunteer Application form.
2. Lodge the Working with Vulnerable People application for registration at Access Canberra if you do not currently hold a WWVP card. If you do, bring the card with you when we meet.
3. Attend a meeting to discuss volunteering options.  
The Communities@Work team will be in touch with you to set this up.

We take great care to match our volunteers with the tasks available, within the services we provide.

Successful applicants (who have their WWVP card) will then be invited to attend a Communities@Work induction session on specific program based activities.

Please note that we do not consider student placements, work experience, Work for the Dole or Return to Work type activities as volunteering. For these opportunities, please get in touch with Human Resources on [hr@commsatwork.org](mailto:hr@commsatwork.org)

If you have any questions let us know by contacting: [volunteers@commsatwork.org](mailto:volunteers@commsatwork.org) or 6293 6500.

We look forward to hearing from you!

# Volunteer Application Form

**Applicant Details - Please complete the following information:**

## Personal Details

|                     |                               |                                 |  |
|---------------------|-------------------------------|---------------------------------|--|
| Given Names         |                               | Surname                         |  |
| Preferred Name      |                               |                                 |  |
| Date of Birth       |                               |                                 |  |
| Gender              | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Intersex <input type="checkbox"/> Indeterminate |
| Address             |                               |                                 |  |
| Suburb              |                               | State                           | Postcode   |
| Best Contact Number |                               |                                 |  |
| Email               |                               |                                 |  |
| Emergency Contact   |                               | Phone                           |  |
| Relationship to you |                               |                                 |  |

**Do you speak a language or languages other than English?**

|  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Yes (please state): | <input type="checkbox"/> No |
|--|-----------------------------|

**How did you hear about Volunteering at Communities@Work?**

|   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Communities@Work Website | <input type="checkbox"/> Communities@Work Team Member | <input type="checkbox"/> Friend       |
| <input type="checkbox"/> Media                    | <input type="checkbox"/> Radio                        | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Volunteering ACT         | <input type="checkbox"/> Other (please state):        |                                       |

**Why do you want to volunteer?**

|  |
|--|
|  |
|--|

**Is there a specific volunteer role you are most interested in?**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Organisational Support     | <input type="checkbox"/> Seniors Activity Assistant | <input type="checkbox"/> Disability Program Assistant |
| <input type="checkbox"/> Best Dressed Store         | <input type="checkbox"/> Donation Sorting           | <input type="checkbox"/> Community Pantry             |
| <input type="checkbox"/> Family Day Care Playgroups | <input type="checkbox"/> Paint 'n Play              |   |
| <input type="checkbox"/> Not sure yet               | <input type="checkbox"/> Other (please state):      |   |

**Is your intention to volunteer linked to:**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> NDIS package   | <input type="checkbox"/> Return to Work                         | <input type="checkbox"/> Student Placement |
| <input type="checkbox"/> Newstart       | <input type="checkbox"/> Government Benefits linked to payments |  |
| <input type="checkbox"/> Financial gain | <input type="checkbox"/> N/A                                    |  |

**What skills, experience and qualifications do you bring to volunteering?**

*Please include your resume with your application.*

**Have you previously volunteered?**

|                              |                             |                 |
|------------------------------|-----------------------------|-----------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Name of Agency: |
| Role:                        |                             |                 |

**Do you currently volunteer at another agency?**

|                              |                             |                 |
|------------------------------|-----------------------------|-----------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Name of Agency: |
| Role:                        |                             |                 |

**Availability** *(please indicate your availability in hours):*

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
|        |         |           |          |        |          |        |

**How many hours would you like to contribute per week/month?**

|           |            |
|-----------|------------|
| Per Week: | Per Month: |
|-----------|------------|

**Do you hold Working with Vulnerable People Registration?** *If yes, please include a copy of your card (front and back) with this application. The original will need to be sighted by Communities@Work.*

|                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Registration Number:         | Registration Expiry:        |

**Do you have a Criminal Record?**

|                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Have you ever been charged with a Criminal Offence?**

|                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**Medical Information** - It is important that we do not place you in a situation which any health issues you have could result in avoidable risk to yourself or others.

**Are you affected by, or undergoing medical treatment, for any of the conditions listed below which could affect you during your time volunteering?**

|                                     |                              |                             |
|-------------------------------------|------------------------------|-----------------------------|
| Physical or psychological condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disability                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allergy                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Past injury                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medication or medical treatment     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If “yes” to any of the above conditions please provide details, including if you require additional supports (including support person):

|  |
|--|
|  |
|--|

Please note that health related information disclosed will be used for insurance and safety purposes only and will not be disclosed to others as required under privacy laws.

Depending on the condition, we may require further information or a medical clearance from your doctor.

**References** - Referees may be contacted to verify your identity and answer a few short questions about your suitability as a volunteer. Referees should not be family members.

**Referee 1**

|                               |  |                |              |  |
|-------------------------------|--|----------------|--------------|--|
| <b>First Name</b>             |  | <b>Surname</b> |              |  |
| <b>Organisation</b>           |  |                | <b>Phone</b> |  |
| <b>Email</b>                  |  |                |              |  |
| <b>Relationship</b>           |  |                |              |  |
| <b>Length of Acquaintance</b> |  |                |              |  |

**Referee 2**

|                               |  |                |              |  |
|-------------------------------|--|----------------|--------------|--|
| <b>First Name</b>             |  | <b>Surname</b> |              |  |
| <b>Organisation</b>           |  |                | <b>Phone</b> |  |
| <b>Email</b>                  |  |                |              |  |
| <b>Relationship</b>           |  |                |              |  |
| <b>Length of Acquaintance</b> |  |                |              |  |

- I confirm that all completed information is true and correct
- I understand that this application form is part of the process involved in being considered for a volunteer position and not a guarantee of appointment

|                  |  |             |  |
|------------------|--|-------------|--|
| <b>Signature</b> |  | <b>Date</b> |  |
|------------------|--|-------------|--|

**Please return this Volunteer Application to the Volunteer Coordinator**

Email: volunteers@commsatwork.org  
Post: Volunteer Coordinator  
Communities@Work  
P.O. Box 1066  
Tuggeranong ACT 2901

**In person** (if you would like to speak to the Coordinator please call ahead to make an appointment - 6293 6500):  
Communities@Work  
Tuggeranong Community Centre  
245 Cowlshaw Street, Greenway 2900