

Volunteer Application Form

CONFIDENTIAL

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

PERSONAL DETAILS

Name in full *(Please print clearly)*: _____

Mr / Mrs / Ms / Miss _____ M F O

Preferred Name: _____ DOB ____/____/____

Occupation: _____

Home Address: _____

Postcode: _____

Postal Address: _____

Postcode: _____

Phone (H): _____ (W): _____ (M): _____

Email: *(Please print clearly)*: _____

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

On completion, please forward this form to

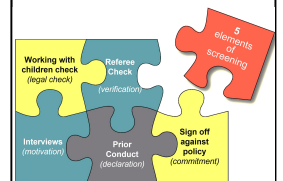
EMERGENCY CONTACT DETAILS

Name: _____ Relationship: _____

Address: _____

Postcode: _____

Phone (H): _____ (W): _____ (M): _____



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 #1:

Contact details #2:

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: Review Date ____/____/20____

References Checked: 1 _____ 2 _____ WWC check: _____ Interview: _____

logged in SMO (if applicable)

Appointment Authority: Name _____ Signature _____ Date ____/____/202____

PLEASE TELL US ABOUT YOURSELF *(or use broader question set as required)*

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

Child Protection Statement & Prior Conduct

Children and young people 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 child and young person. Within this context, I, _____ am committed to the protection of children and young and vulnerable people from all forms of abuse. *(Applicant name)*

1. Have you been subject to Police charges in relation to any offence involving children, young people, violence, alcohol or drugs? Yes No
2. Is there any reason you can declare why you may not be appropriate for working with children, young or other vulnerable people? Please provide details. *(or you may choose to discuss this with the person named on the front of this form.)*

All applicants are required to undergo a local Working with Children and/or Police Check, unless [exempted by law](#).

3. Have you read, understood, and will you abide by, the organisation child safe Policy and Code of Conduct? Yes No

I confirm that the information contained in this application is true and correct.
I agree to abide by the organisations' child safe guidelines, as per the Policy and Code of Conduct provided.

If applicant is under 18, parent or guardian must also sign below.

Applicant Name: _____

Guardian Name: _____

Signed: _____

Signed: _____

Date: ____/____/20____

Date: ____/____/20____