**VOLUNTEER APPLICATION FORM INDIVIDUAL**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | |
| First Name | |  | | Last Name |  | |
| Gender | |  | | Date of Birth |  | |
| Address | |  | | | | |
| Suburb | |  | | Postcode |  | |
| Hm Phone | |  | | Mobile |  | |
| Working With Children Clearance Number | | EXPIRY: | | | | |
| Email | |  | | | | |
| Licence No. | |  | | Expiry Date |  | |
| Preferred contact method | | □ Email □ Phone □ Mail | | | | |
| Languages spoken | |  | | | | |
| **EMERGENCY CONTACT DETAILS** | | | | | | |
| Name |  | | Relationship | | |  |
| Address |  | | Mobile | | |  |
| **MEDICAL CONDITIONS** | | | | | | |
| Parramatta Mission has a duty of care to protect your health and/or safety while you are a volunteer. Your answers to the following questions will help meet our mutual needs.  Do you have any pre-existing injuries, illnesses or conditions that may prevent or impact on your ability to undertake the volunteering assignment?  □ No □ Yes Please specify and provide any relevant details:      Do you take any medication that may affect your ability to perform your role?  □ No □ Yes Please specify and provide any relevant details: | | | | | | |
| **REASON/S FOR VOLUNTEERING** | | | | | | |
| Why would you like to volunteer with Parramatta Mission (Please tick any that may apply to you) | | | | | | |
| □ Retired  □ Gain new skills/experience  □ Meet new people  □ Give back to the community | | | □ Experience for a resume  □ Build a deeper understanding in a chosen field  □ Build Confidence  □ Sense of achievement | | | |
| □ Other:  Have you volunteered before? □Yes □No  If Yes what type of volunteering did you do? | | | | | | |
| **INTENDED LEVEL OF COMMITMENT AND AVAILABILITY** | | | | | | |
| □ Sessional (1 day annually)  □ Short-term (1 week to 1 month annually)  □ On-going (+5 months plus annually)  Hours Per Week: 1 □ 2 □ 3 □ 4 □ 5 □ 6+ □    Best Days are: Monday Tuesday Wednesday Thursday Friday Saturday Sunday  Best Times are: Morning Afternoon | | | | | | |
| **SKILLS & QUALIFICATIONS** | | | | | | |
| Formal Qualifications (Diploma, Trade, Degree):  Other Training/Certification (First Aid):  Computer skills (Word, Excel, Power point etc):  What additional skills do you have?  What Hobbies do you enjoy?  □ Sewing □ Painting □ Singing □ Cooking □ Photography  □ Gardening □ Arts & Crafts □ Dancing □ Drama □ Computers  Tell us about yourself:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **REFEREES** | | | | | | |
| Please provide the names of two referees who may be contacted after the interview.  Referee One  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Referee Two  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **DECLARATION** | | | | | | |
| CHILD, VULNERABLE PERSONS AND AGED CARE PROTECTION STATEMENT  Children, young people, vulnerable and aged persons 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 individual. Within this context, Parramatta Mission is committed to the protection of children, and venerable persons from all forms of abuse.  Do you *accept* and *understand* that you cannot work with such persons, unless you have the relevant clearances verified by Parramatta Mission ***Yes / No***  Name:  Signature: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  I hereby state that all of the information I have placed on this application form is true and correct. If applicant is under 18, a parent or guardian must also sign.  Name:  Signature: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Privacy Statement***  ***Your privacy is our priority. Parramatta Mission abides by the National Privacy Principals in all its dealings with employees, volunteers and the public.  The personal information you have provided will help us process you as a valued volunteer with our organisation and will be treated as confidential.  Your personal information will not be given to any external organisation without your consent*.** | | | | | | |