

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 | | | |
| Email | | | |
| Licence No. | | Expiry Date | |
| Preferred contact method | <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> 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)

- | | |
|---|---|
| <input type="checkbox"/> Retired | <input type="checkbox"/> Experience for a resume |
| <input type="checkbox"/> Gain new skills/experience | <input type="checkbox"/> Build a deeper understanding in a chosen field |
| <input type="checkbox"/> Meet new people | <input type="checkbox"/> Build Confidence |
| <input type="checkbox"/> Give back to the community | <input type="checkbox"/> 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 (+3 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: _____

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 Principles 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.