

Volunteer Application Form Community Services Team

Please read this application carefully and ensure that you complete all sections including the attached Prohibited Employment.

| Personal Details | | | | | |
|---|---|----------------|------------------|----------------|------------------|
| Please complete ALL Sections | | | | | |
| Date: | | | | | |
| Title: | <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other | | | | |
| Gender: | <input type="checkbox"/> Female <input type="checkbox"/> Male | | | | |
| Family Name: | | | | | |
| First & Second Name: | | | | | |
| Home Address: | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">No.</td> <td style="width: 50%; border: none;">Street:</td> </tr> <tr> <td style="border: none;">Suburb:</td> <td style="border: none;">Postcode:</td> </tr> </table> | No. | Street: | Suburb: | Postcode: |
| No. | Street: | | | | |
| Suburb: | Postcode: | | | | |
| Postal Address: | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Suburb:</td> <td style="width: 50%; border: none;">Postcode:</td> </tr> </table> | Suburb: | Postcode: | | |
| Suburb: | Postcode: | | | | |
| Phone Numbers: | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Home:</td> <td style="width: 50%; border: none;">Mobile</td> </tr> <tr> <td style="border: none;">Work:</td> <td style="border: none;">Other:</td> </tr> </table> | Home: | Mobile | Work: | Other: |
| Home: | Mobile | | | | |
| Work: | Other: | | | | |
| Email/s: | | | | | |
| Date of Birth: | | | | | |
| Country of Birth: | | | | | |
| Languages you can speak other than English | | | | | |

| Other Details Please Complete ALL Sections | |
|--|---|
| 1/ Do you have a Driver's Licence: | <input type="checkbox"/> Yes <input type="checkbox"/> No If No go to 7 |
| 2/ Licence Number: | |
| 3/ Expiry Date: | |
| 4/ Do you have a car: | <input type="checkbox"/> Yes <input type="checkbox"/> No If No go to 7 |
| 5/ Registration Number: | |
| 6/ Insurance Type: | <input type="checkbox"/> Compulsory Third Party <input type="checkbox"/> Third Party <input type="checkbox"/> Comprehensive |
| 7 Do you have a First Aid Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Expiry Date: |
| 8 How did you hear about MDSI | <input type="checkbox"/> Personal Contact <input type="checkbox"/> Advertisement <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Other (Please Specify) |
| 9 What is your Availability to Volunteer | <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> When Required |
| 10 Days Available | <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri |
| 11 Hours per Day | |
| 12 What service area would you like to volunteer for? | <input type="checkbox"/> Aged Day Care <input type="checkbox"/> Home Visiting <input type="checkbox"/> Transport <input type="checkbox"/> Social Support <input type="checkbox"/> Admin/Clerical <input type="checkbox"/> Playgroup <input type="checkbox"/> English Tutoring |
| 13 Why do want to become a volunteer? | <input type="checkbox"/> To serve the community <input type="checkbox"/> Work / Study Related <input type="checkbox"/> Personal Development <input type="checkbox"/> Other (Please Specify) |
| 14 Interests & Hobbies | |

| Person to contact in case of Emergency | |
|---|--|
| Name: | |
| Relationship to you | |
| Address | |
| Phone Number/s | |

| Employment and Voluntary Work Experience: |
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CONFIDENTIAL

FOR USE BY VOLUNTEER COORDINATOR & SENIOR MANAGEMENT ONLY

INFORMATION RELATING TO THE PRE- PLACEMENT HEALTH ASSESSMENT PROCESS

Macarthur Diversity Services Initiative has a “Duty of Care” responsibility to Service Users, Staff and Volunteers. The following questions relate to this “Duty of Care” responsibility.

Medical Condition

Do you have, or have you had, any medical condition which may affect your capacity to carry out the requirements of the volunteer position being applied for, such as diabetes, injury or psychiatric condition?

YES NO

If YES. Please give full details:

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Do you have an illegal drug dependency or related problem?

YES NO

Do you have a prescription drug or alcohol dependency or related problem, which will or may affect your capacity to carry out the responsibilities being a volunteer?

YES NO

If YES, please give full details

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Criminal Record

To comply with relevant client Contract requirements it will be necessary for MDSI to successfully obtain a clearance for all volunteers from an Australian Federal Police Criminal Check prior to commencing with MDSI.

Further, it is also a condition of employment that any person during their voluntary service with MDSI who is charged with any criminal activity must advise MDSI of this situation within

48 hours of this situation and stand down from duties with MDSI until the situation is resolved through the respective legal system.

Have you ever been convicted of any criminal offence that is not "spent" and that may have relevance to the voluntary position for which you have applied?

Yes No

If yes, please give full details

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Are you subject to any criminal charges pending before a court or is there any appeal pending against a conviction that may have relevance to the position for which you have applied?

Yes No

If yes, please give full details

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Declaration

I declare that I am the nominated person on this form and that the information given is true and accurate to the best of my knowledge. I also understand that any false or misleading information in this application may lead to cessation of volunteer activities.

- I agree that I will work in accordance with the MDSI aims and objectives, as outlined in the Volunteer Agreement.
- I understand that I am applying for a volunteer position and that there is no remuneration either in goods, kind or money whatsoever for my volunteer services
- I agree that my details can be used by MDSI for the purposes of administration of the volunteer program and keeping me informed of MDSI information and activities.

Please PRINT Name: _____

Signature: _____ Date: _____

Please return in person to: Level 3, 171 - 179 Queen Street, Campbelltown

**OR POST TO:
Community Services Manager
MDSI
PO Box 525
Campbelltown NSW 2560**