



Sussex Neighbourhood House  
235 Sussex St, Pascoe Vale Vic 3044  
Phone: 03 9354 2210 Email: enquiries@sussexnh.org.au  
Website: www.sussexnh.org.au

**Share, Learn, Enjoy & Grow**

Office Use Only:

Volunteer area

Induction Date \_\_\_\_\_

Attended

## Volunteer Application Form

The personal and health information requested on this form is being collected by Sussex Neighbourhood House Inc to assist staff in procedures relating to your involvement as a volunteer. The personal and health information will be used solely by Sussex Neighbourhood House Inc for this primary purpose or directly related purposes. The applicant may apply to Sussex Neighbourhood House Inc for access and/or amendment of the information.

**Before completing this form to register as a volunteer please note Sussex Neighbourhood House Inc requires that a mandatory police check and/or a Working With Children Check is undertaken on all prospective volunteers.**

### VOLUNTEER CONTACT INFORMATION

Date / /

Name \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

(Mobile) \_\_\_\_\_ Date of birth \_\_\_\_\_

E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

WWCC number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Country of birth \_\_\_\_\_

Indigenous Status:  Aboriginal  Torres Strait Islander  None

### EMERGENCY CONTACT

Name \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

(Mobile) \_\_\_\_\_ Relationship to volunteer \_\_\_\_\_

## VOLUNTEER ATTRIBUTES

Occupation (current or previous) \_\_\_\_\_

What are your interests or hobbies? \_\_\_\_\_

Languages spoken \_\_\_\_\_

Do you have a current first aid certificate level 2? Yes  No  If yes when does it expire? \_\_\_\_\_

## VOLUNTEER EXPERIENCE

Have you ever done volunteer work before? Yes  No

If yes what type of volunteer work have you undertaken? \_\_\_\_\_

## TYPE OF VOLUNTEER WORK

Are you prepared to participate in volunteer training and/or information sessions? Yes  No

What type of volunteer work are you interested in? \_\_\_\_\_

What would you like to achieve from this voluntary work? \_\_\_\_\_

## AVAILABILITY

Please list days and times available for volunteer work

DAY	AM	PM	EVENING	HOURS
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

FREQUENCY (eg. once per week) \_\_\_\_\_

## PERSONAL HEALTH

Is there any medical condition, mental impairment or injury that you need to detail to the manager that could affect your ability or the type of volunteer work that you could undertake?

YES  NO  **IF YES MUST BE DETAILED**

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Are you currently receiving WorkCover? Yes  No

Are you receiving unemployment benefits? Yes  No   
(Terms and conditions in relation Centrelink benefits need to be discussed)

## LICENCE INFORMATION

Are you a licenced driver? Yes  No  Licence types \_\_\_\_\_  
Restrictions (specify) \_\_\_\_\_

Licence number (please attach photocopy) \_\_\_\_\_

Do you have your own motor vehicle? Yes  No

Do you have fully Comprehensive Motor Vehicle Insurance? (please attach copy) Yes  No

Are you willing to transport clients in your own vehicle? Yes  No

Are you willing to drive a community 12 seater bus (no special licence required)? Yes  No

As a Volunteer Bus Driver will you ensure that you will not have alcohol, or drugs present in your blood or breath immediately before, or while in charge of a vehicle which is transporting clients on behalf of Sussex Neighbourhood House. Yes  No

***Please attach photocopy of your current Comprehensive Motor Vehicle Insurance if you are prepared to drive your vehicle on behalf of Sussex Neighbourhood House Inc business.***

## INSURANCE ACKNOWLEDGMENT

**(To be completed only by volunteers intending to drive for and/or drive their own vehicle on behalf of Neighbourhood House business)**

The motor vehicle I own, which I will use on behalf of Sussex Neighbourhood House Inc business, must have comprehensive motor vehicle insurance. I understand that if this insurance is to lapse that I will no longer drive my vehicle on behalf of Sussex Neighbourhood House Inc and I agree that I will inform the manager so alternative arrangements can be made.

I agree to notify Sussex Neighbourhood House Inc if any of the above information changes, or some other event occurs which may affect your ability to act as a volunteer driver.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_/\_\_\_/\_\_\_

## REFEREE DETAILS

Please provide the names of an independent person who could recommend you to us.

### ***Referee***

Name \_\_\_\_\_ Organisation \_\_\_\_\_

Relationship to volunteer \_\_\_\_\_ Phone \_\_\_\_\_

## Summary Information

How did you become aware of voluntary opportunities with Sussex Neighbourhood House Inc?

Local Press                  Word of Mouth                  Internet                  Other (*Specify*) \_\_\_\_\_

Are you willing to undergo a police check? Yes

**Confidentiality:** In the time you are involved with volunteering for Sussex Neighbourhood House Inc you may during the course of your direct involvement in programs or services, or incidental to your involvement, come across information that is deemed confidential or private.

This could include personal information about a participant in our programs, member of the public, member of staff, or Government, community or business organisation. Should this occur, you have a responsibility to respect and maintain confidentiality and/or privacy of all organisations and individuals. Breaches of confidentiality and/or privacy can in some circumstances constitute offences under the law.

However if you are concerned about a matter and you are not sure what action to take you should seek advice and discuss this with the manager. This is particularly so where you believe health and safety of a client is at risk.

## DECLARATION

In consideration of the above, I \_\_\_\_\_, agree to respect all matters of confidentiality and privacy that I might encounter while in the role as a volunteer with Sussex Neighbourhood House Inc.

I declare the information on this registration form as I have answered is true and correct.

I agree to contact Sussex Neighbourhood House Inc in the event that any of the above information was to change and was to affect my ability to act as a volunteer.

I have received and signed a copy of the Sussex Neighbourhood House Privacy Agreement for Staff, Volunteers and Committee of Management Members, the Code of Ethics for Committee of Management, Paid Staff and Volunteers and the Volunteer Time Sheet and understand my obligations relating to these matters.

I have completed and attached the following documentation:

- Consent to Check and Release National Police Record form or,
- A copy of my current National Police Record and/or,
- A copy of my Working with Children Card
- A copy of my current Comprehensive Motor Vehicle Insurance

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_/\_\_\_/\_\_\_