

Volunteer Application Form

CONFIDENTIAL

Name: _____

Address: _____
Street address Suburb State
P/code

Telephone: _____
Home Work Mobile

Email: _____

Emergency Contact: _____
Name Relationship Telephone

Skills and Interests:

1. Education background: _____

2. Current occupation: _____

3. Hobbies, skills, interests _____

4. Volunteer experience: _____

Choices:

1. Please tick your particular preferences in relation to your volunteer work:

- | | |
|--|--|
| <input type="checkbox"/> No preference | <input type="checkbox"/> Admin |
| <input type="checkbox"/> Events | <input type="checkbox"/> Management Committees |
| <input type="checkbox"/> Working one-to-one with athlete | <input type="checkbox"/> Team Manager |
| <input type="checkbox"/> Team | <input type="checkbox"/> Fund raising |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Canteen |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Volunteer Supervision |
| <input type="checkbox"/> Sport Medicine (First Aid etc) | <input type="checkbox"/> Volunteer Management |
| <input type="checkbox"/> Volunteer Training | |
| <input type="checkbox"/> Other: _____ | |

2. Please tick the persons/group you would prefer to work with as a volunteer:

- | | |
|---|--|
| <input type="checkbox"/> No preference | <input type="checkbox"/> Children |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Children aged 8 –10 |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Children aged 11-13 |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Teenagers |
| <input type="checkbox"/> Males | <input type="checkbox"/> Females |

Availability:

1. What days/times are you available for volunteer work? *(Please tick)*

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

2. Do you have a car/vehicle available for your volunteer work?

No Yes

4. Is the vehicle insured? No Yes

5. Do you hold a current driving licence?

No Yes Expiry date: ____/____/____

6. Do you have any physical limitations or are you under any course of treatment, which might limit your ability to perform certain types of work?

No Yes

7. Please list two (2) referees (not family) we might contact:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

9. How did you hear about us?

- | | |
|---|--|
| <input type="checkbox"/> Relations involved in organisation | <input type="checkbox"/> Other Newspaper |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Television |
| <input type="checkbox"/> Local Newspaper | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Library | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Training Course | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other _____ | |

11. Are you committed (at this time) to any other training, work (paid or unpaid), travel plans that could affect your future availability?

No Yes

Ensure that you have completed the screening procedure documents.

Thank you!

Reference Check Form

CONFIDENTIAL

Name of Volunteer: _____ Date: ____/____/____

Name of Referee: _____ Telephone: _____

INTRODUCING PURPOSE OF CALL:

Briefly cover the following to ensure that the referee is comfortable about discussing the applicant:

- Your name
- Name of agency
- Name of applicant and permission given to call
- Confirm that applicant has advised of this
- Conversation will take about 10 minutes
- Can be deferred to their convenience
- Information given will be strictly confidential.

SUGGESTED QUESTIONS FOR REFERENCE CHECK:

1. How long, and in what capacity have you known the applicant?

2. Could you give me three words that describe the applicant?

3. How well would you say the applicant gets on with people?

4. How well would you say the applicant gets on with (the client group)?

5. What would you say are the most positive attributes of the applicant?

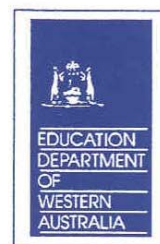
6. Can you suggest any possible areas of weakness?

7. (The applicant) has volunteered for _____ position.
In your opinion, what is he/she bringing to this position?

8. Is there anything further you wish to tell us which might help us in reaching the right decision?

Thank you for your time

EDUCATION DEPARTMENT OF WESTERN AUSTRALIA
151 Royal Street
EAST PERTH WA 6004
Phone 08 9264 4111



Notes about the *CONFIDENTIAL DECLARATION* form

What the form is about

In 1997 the Education Department joined other Australian states to implement the *National Strategy in Schools for the Prevention of Paedophilia and Other Forms of Child Abuse*. The CONFIDENTIAL DECLARATION form is designed to help with this strategy.

The CONFIDENTIAL DECLARATION form is for persons who are **not** Education Department employees, but who do require access to a school e.g. tradespeople carrying out repairs, visiting artists, circus acts, religious instructors, etc.

By completing this form you will help the Education Department to ensure that Western Australian schools are safe places for our children.

Confidentiality

Please be assured that unless statutory obligations require otherwise, the information on the completed form will not be used without your consent for any purpose other than in relation to your entry onto the school premises.

The completed form will be treated with the utmost confidentiality at all times.

Thank you for taking the time to read this information.

***Note for Troupes, artists, musicians, circus acts, etc who visit many schools.**
If you visit many schools, for example if you are a visiting theatre act, then you may register with the Education Department by contacting the **Screening Policy Officer** on **08 9264 4391**. This will enable you to move from school to school without having to complete the CONFIDENTIAL DECLARATION form each time.