



Volunteer Registration Form

Interview Date ___/___/___

Placement _____ Placement Date ___/___/___

Police check returned Clear:

Police certificate Number: _____

Cards/Database records done: Reference Checks OK?:

PERSONAL DETAILS

Name: _____

Address: _____ Suburb: _____ P/Code: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email: _____ Date of Birth: ___/___/___

SKILLS, QUALIFICATIONS, SPECIAL INTERESTS

What qualifications and skills do you have? _____

What Hobbies and Interests do you have? _____

Have you done Volunteer Work before? YES/NO
(Please circle correct answer)

If Yes, where? _____

What training have you done as a volunteer previously? _____

Are you willing to participate our mostly free training training opportunities? YES/NO
(Please circle correct answer)

What do you hope to achieve from your volunteering work with us? _____

REFERENCE CHECKS *(No Friends or Family please)*

1. Name: _____ Business Hours Phone: _____

Email: _____

2. Name: _____ Business Hours Phone: _____

Email: _____

CULTURAL BACKGROUND

Country of Birth _____ Other Languages _____

DRIVING DETAILS *(Only if doing driving duties)*

Drivers License Number: _____ Expiry Date: ____/____/____

Do you have any license Endorsements or Restrictions? _____
(Eg: Glasses, Automatic only, Heavy Vehicle)

Insurance on YOUR car: Comprehensive/Third Party Only
(Please circle the correct answer)

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Doctors Name: _____ Contact Phone: _____

Surgery Address: _____

In the event of medical emergency, I authorise the service I am placed with to take whatever action deemed appropriate in seeking treatment, and I agree to pay for all such medical bills and expenses incurred on my behalf.

Signed: _____ Date: ____/____/____

AVAILABILITY

I would prefer to work:

Daily Weekly Fortnightly Monthly

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
A.M.							
Lunch							
P.M.							
Night							

(Please tick the boxes of the times you are available.)

Are you available for emergency assistance? No Try Me

Are there any situations, types of work, tasks etc that you DO NOT feel comfortable doing?

HEALTH DETAILS

Please note any special consideration that is needed to assist you in your volunteer role. Record anything which may hinder or impact on your ability to work, eg. Any medical conditions such as hearing, back problems, allergies, asthma etc....: _____

Any medication taking: _____

Please note, this information is strictly for our records only and will be kept strictly confidential, unless specific permission to disclose is given.

By signing below, you are giving permission to the Volunteer Co-ordinator to release this information to supervising staff at the agency which you are volunteering for.

Signed: _____ Date: ____/____/____

REFERAL SOURCE

How did you hear about us? _____

What made you decide on us? _____

INFORMATION AND READINGS

I have read and understood the information I have been given on:

Privacy Legislation

Safe Manual Handling

Food Safety

Other: _____

Signed: _____ Date: ____/____/____

PERMISSIONS

- I authorize the organisation to undertake a **police record clearance** check which also includes advising the Department of Human Services of any disclosable records relating to the Police Check
- I give my permission for the organisation to **use the information** I have supplied for the purpose of providing high quality management of volunteers and other appropriate uses such as annual/monthly reports and minutes, awards/certificates, publicity purposes (including photographs) and submissions etc.
- Following a **three-session trial period**, I am willing to commit to a minimum of six months regular volunteer work. I understand that work references will only be issues after this time.

Signed: _____ Date: ____/____/____

CONFIDENTIALITY AGREEMENT

The Volunteer Alliance principles and code of practice are in place to enable us to provide the best quality service to the clients of the services involved. They aim to create a safe and happy work environment for volunteers and staff, and to ensure that all clients are treated equally.

A requirement of being a volunteer for Volunteer Alliance is that all information about clients, staff and volunteers is kept confidential.

As a Volunteer you are asked to sign this agreement, which commits you to abiding by the policies, principles and practices of the service you are placed with.

I _____ have read and understood the guidelines and policies relating to confidentiality and agree to keep confidential all client, staff and volunteer information. I also agree to adhere to the guidelines, policies, principles and codes of practice of the organisation I am placed with as a volunteer.

I understand that a breach of this agreement may result in the termination of my services to the organisation.

Signed: _____ Date: ____/____/____

FOLLOW UP (Office Use Only)
Reference Check

1. Name _____ Date _____

Comments _____

2. Name _____ Date _____

Comments _____

Support Follow Up

Date	Comments

Training undertaken: -

Date	Course