

DONWOOD COMMUNITY AGED CARE SERVICES INC.

Management Systems

Volunteer Application

Human Resource Management 1.6.6 Form

Privacy Statement

The details you provide to us will only be used for the purpose for which they were provided that is; any process related to pre-employment, employment and post employment as a volunteer. They will not be used for any other purpose without your consent. The organisation has systems in place to ensure applicant and volunteer personal and confidential information is safe guarded against loss, unauthorised access, modification or disclosure.

Surname: _____ First Name: _____

Preferred Name: _____ Gender: Female / Male

Address: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

Date of Birth: _____

Driver's License No: _____ Expiry Date: _____

Bus License No (if applicable): _____ Expiry Date: _____

Type of Bus License (if applicable): _____

Country of Birth: _____

Language/s Spoken:

- English _____ _____ _____

Emergency Contact

Name: _____

Relationship: _____

Address: _____

Phone: _____ Mobile: _____

Would you be willing to have your language skills assessed and to be used as an interpreter for residents and their families from time to time?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Age(please circle): 15-19 20-24 25-34 35-44 45-54 55-64 65+

What is your current position?

- Paid full time employment
- Paid part time employment
- Unemployed
- On WorkCover
- Retired
- Student
- Currently Volunteering

Comment: _____

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How did you find out about Donwood?

Do you have access to a car?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Comment:

Why would you like to be a volunteer for this organisation?

What are your skills and experience gained from paid/unpaid work?

What relevant qualifications or courses have you completed?

Note: A certified copy of relevant qualifications and transcripts are required eg; first aid certificate.

What are your interests and hobbies?

What day/s and hours of the day are you available?

Do you have a disability or medical condition that might prevent you from doing certain types of work?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Comment:

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Referees:

Previous Employer/Manager:

1) Name: _____ Contact No: _____

Organisation: _____

Relationship to Applicant: _____

Previous Volunteer Program Manager or Community Leader:

2) Name: _____ Contact No: _____

Organisation: _____

Relationship to Applicant: _____

Person who has known you for more than 1 year:

3) Name: _____ Contact No: _____

Organisation: _____

Relationship to Applicant: _____

Police check:

Appointment to a volunteer position will only be made following a satisfactory police check. Please complete the Crimcheck Consent form attached.

Applicant Signature _____ Date _____

Office Use:

- Reference Check Completed
- Proceed to Volunteer Agreement

Name and Position _____ Signature _____ Date _____

Authorised DON/Manager 13/12/05; Reviewed DDON 26/9/12
 Document Review

Date	Reviewed/Amended by	Comments
27/10/14	G.Roebuck	Pages 1&2 Formatting, Checklist, referee instructions
7/4/16	G. Roebuck	Additional question, "How did you find out about Donwood?"