

VOLUNTEERS APPLICATION & PERSONAL INFORMATION SHEET

Application Date _____ Start Date _____

Name: _____ DOB: ____/____/____

Address: _____

Telephone: _____ Mobile: _____

Email: _____

Preferred Days & Hours to Volunteer _____

Preferred work/ Areas of interest _____

Abilities _____

Hobbies _____

Do you have your own means of transport? YES NO

Volunteers are required to undergo a National Police Check.

SNH have an On-line system for applications, a time can be made at the office to complete the Police check before commencing.

Already have a current one *(Please provide copy- Must be within the last year)*

Volunteers may be required to hold a Working with Children Check. (if working in office or with Children's programs)

Volunteer Working with Children Check? Please provide copy. Or N/A to position.

(Office: Current? Yes @ / / Expiry Date? / /)

Do you speak/use other languages?

Yes No Please Specify _____

Are you willing to undertake training if required?

Sunbury Neighbourhood House as a commitment to its volunteer workforce provides training and social occasions

Yes No

Thank you for your interest!
We will be in contact soon!



Who do we contact in case of an emergency?

Contact 1

Name _____

Relationship to you _____

Telephone: _____ Mobile: _____

Contact 2

Name _____

Relationship to you _____

Telephone: _____ Mobile: _____

Are there any health issues you would like us to be aware of?

(This information will not affect your application) If you have care plans (i.e. asthma, epi pens) you would like us to follow, please add these plans to this sheet. This information is for in case of emergency and is strictly confidential.

AUTHORISATION TO SEEK AMBULANCE SERVICES

Do you have Ambulance Vic Membership? YES NO

Ambulance Vic Membership Number: _____

I _____ authorise the Centre Manager or person with delegated authority in charge of Sunbury Neighbourhood House at which I am volunteering my services, to arrange for an Ambulance on my behalf, as may be deemed necessary in the event of an accident or illness.

Signature: _____ Date: _____



VOLUNTEER AGREEMENT FORM

The Sunbury Neighbourhood House agrees to accept your services, and thanks you for volunteering.

And we commit;

1. To provide accurate information, training and assistance.
2. To ensure supervision and provide job assessment and feedback.
3. To respect your skills and individual needs as a volunteer.

Manager/ Co-ordinator Signature: _____ Date: _____

As a volunteer of the Sunbury Neighbourhood House the following conditions apply:

1. The Sunbury Neighbourhood House will make no payment to you.
2. You are covered for public liability insurance whilst undertaking Sunbury Neighbourhood House business.
3. Should any injury occur to you while you are acting as a volunteer you must notify the Manager as soon as practicable.
4. Under the terms of the Occupational Health and Safety Regulations 2007, you must follow all established practices and procedures that apply to the tasks you have volunteered to perform.
5. It is expected that you are familiar with the task/s you are about to perform and if not, then you will consult with the SNH Manager.
6. Agree to keep the confidentiality of all information, both personal and professional, which may come to your knowledge in the course of your involvement with the Sunbury Neighbourhood House.

I confirm that I have read and understood the above-mentioned conditions on this agreement sheet prior to signing it, and agree to serve as a volunteer and commit;

1. To perform volunteer duties to the best of my ability.
2. To follow House policies and procedures, including record keeping requirements and confidentiality of Sunbury Neighbourhood House and any participant information I become aware of.
3. To meet time and duty commitments or to provide adequate notice so that alternate arrangements can be made.

Volunteer Signature: _____ Date: _____

Manager/ Coordinator Approval: _____ Date: _____