

Volunteer Application Form

Social Connections – Work for the Dole Program

Volunteers are vital to the operation of the Social Connections Program. Your help is greatly appreciated.

Personal Details - Please tick as appropriate.

Title		Date of Birth	
First Name		Last Name	
Preferred Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Address			
Email			
Mobile		Alternative Phone	
Preferred Method of Communication	<input type="checkbox"/> Text message <input type="checkbox"/> Email <input type="checkbox"/> Phone call		

Emergency Contact Details

Contact Name		Relationship	
Emergency Mobile		Alternative Phone	

Availability - Please tick as appropriate.

When are you available?					
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Any day			
How often are you available?					
<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Emergency	
Do you have?					
A current First Aid Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
A current Driver's Licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Referral Organisation Contact Details

Please provide contact details for two referees. Westmont will contact your referees to gain a character reference before you commence volunteer work with Westmont Community Care.

Referral Organisation	
Referral Contact Name	
Phone Number	
Email	

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Fm.Co.A.86.01

Physical Demand Declaration Yes No

Do you have any pre-existing medical conditions or special needs that may affect the type of work you do as a volunteer? If yes, please outline condition/s and restrictions on work (attach another page if necessary).

Photographic and Media Permission Yes No

Westmont Community Care often requires photographs/video footage to be taken of local residents, community members and volunteers using Westmont’s services and participating in Westmont events for use in publications, on Westmont’s website, and/or by the media and affiliate organisations.

Please indicate if you give permission for Westmont to reproduce photographs/video footage taken of you in its various publications and online including Westmont’s website and other media channels, and to the granting of a non-exclusive licence, including use by the media.

Volunteer Declaration

I agree to abide by the policies and procedures of both Westmont Community Care Services and individual business units and I agree to work within boundaries of the job and to respect confidentiality.

I agree to declare any conflicts of interest as they arise.

Signature of Applicant		Date	
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Parent/Guardian Permission

To be completed if applicant is less than 18 years of age.

Parent/Guardian Name		Phone	
Parent/Guardian Signature		Date	

Please return your completed Volunteer Application Form, Current Police Check or Police Check Consent Form, 100 Points of Identification, Volunteer Confidentiality Agreement, Statutory Declaration, Safety screen statutory declaration and Volunteer Position Description to the Community Care Volunteer Coordinator via:

In person or by post	Email	Fax
193 Beechworth Road Wodonga VIC 3690	communitycare@westmont.org.au	02 6043 9988