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| NCCCA Logo |
| **NORTHERN COALFIELDS COMMUNITY CARE ASSOCIATION LIMITED** |
|  |
| **VOLUNTEER APPLICATION FORM** |

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| **PERSONAL DETAILS** | | | |
| Name: |  | | |
| Address: |  | | |
|  | | |
| Home Phone: |  | Mobile Phone: |  |
| Email: |  | | |

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| **STATUS** | | | | | |
| *What is your current work status? Please tick one.* | | | | | |
| Employed |  | Home Duties |  | Job Seeker |  |
| Retired |  | Traveller/Visitor |  | Student |  |
| *Do you identify as one (or more) of the following groups? If yes, please tick. If no, leave blank.* | | | | | |
| Indigenous |  | Non English Speaking Background |  | Disability |  |

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| **MOTIVATION** | | | | | |
| *What is your primary motivation for volunteering?* | | | | | |
| Help others/give back to the community |  | Using skills/learning new skills |  | Gain work experience/reference |  |
| Personal satisfaction |  | To keep active/busy |  | Build confidence/self esteem |  |
| Social interaction |  | Explore/engage in areas of interest |  | Recommended by someone else |  |

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| **VOLUNTEER WORK** | | | |
| *What type of volunteer work would you like to do? ie. activities, kiosk, social support, transport, other?* | | | |
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| **VOLUNTEER WORK** | | | |
| *Have you done voluntary work before? If yes, what kind of organisation.* | | | |
| No |  | Yes, please provide details. |  |

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| **Availability** | **Morning** | **Afternoon** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

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| **WORK HEALTH AND SAFETY** | | |
| To assist NCCCA comply with our obligations to ensure a safe workplace and in order to determine whether you can safely and adequately perform the requirements of the role you have applied for, to the best of your knowledge, do you have any injuries and/or conditions that would prevent or restrict you from undertaking the duties of the role? | Yes | No |
| If **yes**, what measures could be taken to accommodate your injuries and/or condition/s so that you could perform the inherent requirements of the role. | | |
| Are you willing to undertake a medical examination? | Yes | No |

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| **CIRCUMSTANCES** | | | |
| *Do you have any condition or circumstances that would affect the type of volunteer work you would be able to perform?* | | | |
| No |  | Yes, please provide details |  |

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| **LICENCES** | | | | |
| *Please list (and attach copies) of any licences held that are relevant to the position you are applying for.* | | | | |
| **Licence Type:** |  | | | |
| **Licence Number:** |  | | **Licence Expiry Date:** |  |
| **Special Conditions:** | Yes | No | If **yes**, please specify: |  |

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| **NATIONAL CRIMINAL HISTORY CHECKS** | | |
| *All volunteers are required to have a national criminal history record check (also known as police checks). In addition, all volunteers must provide prior to commencing employment, a statutory declaration certifying that since the age of 16 years they have not been convicted of murder or sexual assault, or convicted of, and/or sentenced to imprisonment for, any other form of assault.* | | |
| Have you attached a copy of your police check? | Yes | No |
| Have you ever been a resident of a country other than Australia? | Yes | No |
| Are you willing to sign a statutory declaration as detailed above? | Yes | No |

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| **VACCINATION** | | |
| *All applicants for volunteer positions with NCCCA are required to provide evidence of an up to date influenza and COVID-19 vaccination. Evidence can be in the form of a record from a health practitioner or an immunisation history statement available from Medicare. For volunteers who for a genuine medical reason, are unable to access the influenza vaccine, we will require you to provide written evidence of this from your GP.* | | |
| Have you attached a copy of your up to date influenza vaccination? | Yes | No |
| Have you attached a copy of your up to date COVID-19 vaccination/s? | Yes | No |

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| **REFEREES** | | | |
| *Please provide details of two (2) people who are willing to act as referees for you and who have known you either personally or professionally for at least 3 years.* | | | |
| **Referee 1:**  Name |  | | |
| Position/Organisation |  | | |
| Phone |  | Mobile |  |
| Email |  | | |
| **Referee 2:**  Name |  | | |
| Position/Organisation |  | | |
| Phone |  | Mobile |  |
| Email |  | | |

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| **DECLARATION** | | | | |
| I understand that any false or misleading information given in this application, whether in writing or during an interview, may be reason for my volunteering arrangements, if I am appointed, to cease. | | | Yes | No |
| I declare that to the best of my knowledge the information provided in or in relation to this application, is true and correct. | | | Yes | No |
| Applicant’s signature |  | Date: |  | |