

VOLUNTEER APPLICATION FORM

t: 8573 4888

e: volunteers@mecwacare.org.au

Personal Details

Title: _____ Given Name: _____ Surname: _____

Address: _____

Postcode: _____

Mobile: _____ Alternative Telephone: _____

Email: _____

Date of Birth: ____/____/____ Male / Female

Emergency Contact

Name: _____

Relationship: _____ Telephone Contact: _____

What interests you in volunteering in general, and in particular, with mecwacare?

Availability to Volunteer

Monday am / pm / all day
 Tuesday am / pm / all day
 Wednesday am / pm / all day
 Thursday am / pm / all day
 Friday am / pm / all day
 Saturday am / pm / all day
 Sunday am / pm / all day

Weekly / Fortnightly / Other: _____

On Call _____

Available start date: _____

Referees: please provide names and contact details of referees, preferably not a family member

Name: _____ Tel: _____ Email: _____

Name: _____ Tel: _____ Email: _____

Name: _____ Tel: _____ Email: _____

In which areas would you enjoy volunteering?

- Residential: Social visits Art Craft Music
- Reading Games Computers Strength Training
- Gardening Outings Men's Club Visit with a pet
- Kiosk Other: _____
- Disability Day Program (Mon-Fri)
- Transport, driving community bus
- Administration (Mon – Fri)
- Op Shops (Mon – Sun) East Malvern Malvern Prahran
- Reservoir Hawthorn

Skills Please provide details of relevant skills, interests, hobbies, bus licence, etc.

Languages:

Qualifications Please list details of any formal qualifications obtained:

Previous work and/or volunteering experience (or attach a resume if you have one)

Start mm/yy	End mm/yy	Organisation	Role and key responsibilities

Current Activity Status (tick as many that apply)

- Part time employment Full time employment Volunteering elsewhere
- Student Job seeker Income Support
- Retired Home duties Traveller/Visitor

Health Declaration

Do you have a pre-existing injury, disease or medical condition that may be aggravated by the physical and psychological requirements for the role? Yes / No
Please specify:

Working with Children Check (WCC)

WCCs are required for all volunteers who have *contact* with children, whether face-to-face, over the phone, written or electronically.

Do you have a current Working with Children Check: Yes / No

If not, do you agree to obtaining a WCC, free for Volunteers: Yes / No

Police Check

Police Checks are mandatory. Due to our commitment of maintaining your privacy, police checks are regarded as confidential and will be treated as such.

Do you consent to obtaining a Police Check? Yes / No

Do you have access to a computer in order to complete an on-line police check? Yes / No
If not, a paper form will be provided

Driver's Licence (only for roles that incorporate transport/driving duties)

Driver's Licence Number: _____ Expiry: _____

Vehicle Insurance: Third Party / Comprehensive

All volunteer drivers must hold a current Victorian drivers licence and have comprehensive vehicle insurance. Mecwacare insurance does not extend to use of private vehicles in carrying out volunteer activities. **Please notify your insurer that you are performing volunteer driving duties**

Do you have any past or present connections with mecwacare?

- I have previously volunteered with mecwacare, details: _____
- Former / Current staff member, details: _____
- Family member a current / former staff, details: _____
- Family member a current / former resident: _____

How did you hear about mecwacare's volunteer program?

- Word of mouth Seek Volunteer Volunteer referral agency Internet
- Newspaper Flier Poster in shop Newsletter
- Former mecwacare volunteer or staff member
- other _____

Mecwacare Newsletter: Would you like to receive the *mecwacare* Newsletter: Yes / No

Signature of applicant: _____ Date: _____