CHARLESTOWN CARING GROUP

VOLUNTEER APPLICATION FORM

(Please Print)
❑ Mr ❑ Mrs ❑ Miss ❑ Ms

SURNAME: .....

GIVEN NAMES: .....

POSTAL ADDRESS:

.....

.....

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SUBURB: .....

POSTCODE: .....

PHONE: (H).....

(M).....

EMAIL: ..... @ .....

DATE OF APPLICATION: .....

COMMENCEMENT DATE: .....

DATE OF BIRTH: / / Gender ❑ M ❑ F ❑ Other

Where did you hear about Charlestown Caring Group Inc.?

❑ Friends/Family ❑ An employee/client of CCG ❑ Paper/Media
❑ I live locally ❑ Volunteer Centre ❑ Other Volunteers
❑ Other (Please specify) ..... ❑Care Careers

Please indicate your **SKILLS, HOBBIES AND INTERESTS**:

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Please indicate your **PREFERRED AREA(s) OF VOLUNTARY SERVICE**

❑ Group Activity ❑ Shopping ❑ Home Visiting ❑ Transport

❑ Lawns/ Gardens ❑ Newsletter ❑ Office work ❑ Support

❑ Other .....

Please indicate your **PREFERRED DAY(s) & TIME(s)**

❑ Mondays ❑ Morning

❑ Tuesdays ❑ Afternoon

❑ Wednesdays

❑ Thursdays

❑ Fridays

PREVIOUS VOLUNTEER EXPERIENCE:

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OCCUPATIONS (Past & Present)

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Do you possess any **EDUCATIONAL QUALIFICATIONS** that may be relevant to a voluntary role?

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REASONS FOR APPLYING TO VOLUNTEER AT CCG?

a) What you feel you have to offer?

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b) What you hope to gain?

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Are you involved in the Voluntary Work Initiative (via Centrelink)? ❑Yes ❑ No

Are you registered with any other work seeking agency? ❑ Yes ❑ No

Do you wish to volunteer to meet Work Cover or Rehabilitation requirements? ❑ Yes ❑ No

LANGUAGES SPOKEN (other than English):

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TRANSPORT: ❑ Public

❑ Private

Vehicle details if required for position

❑ Licence Type: .....

❑ Insurance: ❑ Comprehensive ❑ Third Party

❑ Vehicle Type: .....

CRIMINAL CHECKS

Do you have any prior or pending police convictions: ❑ Yes ❑ No
If yes, please give details:

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(NB - All volunteers are required to undertake an official Criminal Check prior to beginning voluntary work)

EMERGENCY CONTACTS

Please give name, address & daytime phone number of at least 2 people who may be contacted in case of an emergency.

Name:	Relationship:	Daytime phone:
1.	.....	.....
.....	.....	.....

Name:	Relationship:	Daytime phone:
2.	.....	.....
.....	.....	.....

GP DETAILS

Name: .....

Phone: .....

Address: .....

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PRIVACY

Do you have any objection to your name and / or photograph being printed in any official Volunteer Association publication, such as our newsletter or annual report?

❑ **NO** that's fine to take and display my photo
❑ **YES**. Please *do not* publish my name or photograph

MEDICAL INFORMATION

It would be appreciated if you could provide us with some basic medical details, this way we will endeavour to give you tasks that won't aggravate your injury.
Please be assured that information given will be treated with STRICT CONFIDENTIALITY

1. Do you suffer (to any degree) from any of the following conditions?

a)	Back conditions or spinal injuries	❑ Yes	❑ No
b)	Physical limitations due to joint disorders (e.g. arthritis or rheumatism)	❑ Yes	❑ No
c)	Diabetes	❑ Yes	❑ No
d)	Any significant heart or lung conditions	❑ Yes	❑ No
e)	Epilepsy, fainting spells or periods of unconsciousness	❑ Yes	❑ No
f)	Eye, hearing or speech limitations	❑ Yes	❑ No
g)	Mental health conditions (e.g. depression / schizophrenia)	❑ Yes	❑ No

If you answered 'Yes' to any of the above, please give details

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2. Do you suffer from any other medical condition of which you think we should be aware?

❑ Yes ❑ No

Please give details:

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REFERENCES (Please give name and phone number of at least two (2) people, other than family, who may be contacted in regards to this application.)

Name:	Position / Title /Relationship	Daytime Phone:
1.	.....	.....
2.	.....	.....

Comments:

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STATEMENT OF AGREEMENT

I certify that to the best of my knowledge that the above details are correct and complete.

I also understand and agree to abide by the rules and direction of Charlestown Caring Group Inc. policies and staff.

Further, I understand that it is my obligation and responsibility to Charlestown Caring Group Inc., its clients, staff and other volunteers, not to disclose any confidential information obtained in the course of duty.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF INTERVIEWER: _____ DATE: _____