

Manna Gum Community House

VOLUNTEER APPLICATION FORM

Manna Gum Community House is committed to protecting your privacy. Your personal information will not be disclosed to any external party without your consent, unless required or authorised by law. If you have any concerns about privacy please contact the Volunteer Manager on 5682 1101.

Name:	
Address:	Postcode:
Main Phone:	Alternative Phone:
Email Address:	
Emergency Contact Detail:	
Contact Name:	
Main Phone:	Alternative Phone:
Relationship to you:	

How did you hear about our need for Volunteers? (Please Tick)

Local Paper Friend Other (Please Specify)

Volunteer Screening Process

A National Police Records Check and/or a Working with Children Check are required for some volunteer and paid staff positions. These checks will be funded by, and remain the property of, Manna Gum Community House. You will be notified if the volunteer role requires any particular screening processes. It is not possible to commence in the role until the screening process is finalised.

I, _____ have provided true and accurate information for the purpose of volunteering with the Manna Gum Community House. I agree to abide by the Manna Gum Community House Guiding Principles.

Commitment to Confidentiality:

I understand that all client details, conversations I see or hear about at the Manna Gum Community House shall remain confidential at all times. I will not discuss outside the Manna Gum Community House anything that happens in the carrying out of my volunteer duties.

Applicant Signature: _____ **Date:** _____

Office Use only: (please date each section as it is processed)	
Signed Application Form received	Working With Children Application approved
Details entered onto volunteer register	Applicant details given to relevant department
ID number recorded on front of this form	Letter sent to applicant to offer/decline volunteer role
National Police Records Check lodged	Volunteer Induction completed
National Police Records Check approved	Manna Gum Community House Induction completed
Working With Children Application lodged	Identification badge given to volunteer

Volunteering opportunities with Manna Gum Community House

Please specify the approximate times you would be willing to commit to:

	Mon	Tues	Wed	Thurs	Friday	Sat	Sun
Hours Available							
Weekly (✓)							
Fortnightly (✓)							
Monthly (✓)							

Experience & Skills

To assist us in making the best match between your skills, experience and interest and the wide range of volunteering opportunities would you please complete the following section about yourself.

Work and Volunteer Experience:

Name of Organisation	Occupation and Duties
1.	
2.	
3.	
Qualifications & Trade Certificates:	Licenses
1.	1.
2.	2.
3.	3.
Interests & Hobbies: (That could assist others?)	Do you speak or write fluently any languages other than English you? Please provide details.
1.	1.
2.	2.
3.	3.

References:	Telephone:	Relationship to Referee:
1.		
2.		
3.		

Medical Information

Do you have any medical conditions allergies or use any medications, we should know about for your safety? **Yes / No** (Please circle one)

If yes please provide details.....

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**Please note that failure to fully disclose any pre-existing medical condition, to the limit of your knowledge, may affect the extent of cover provided by our Insurance Policy.*