

VOLUNTEER APPLICATION

POSITION APPLIED FOR

Title: **Interchange Host Program Volunteer**

PERSONAL DETAILS

Full Name: _____ Please list names of adults (18+) who reside with you _____

Address: _____

Postal Address: _____

Phone No(s): Mobile: _____

 Home: _____

 BH: _____

Best time/number for contact? _____ Email: _____

CURRENT EMPLOYMENT (if applicable)

Current employer: _____
(Name & Address)

Position: _____

Commencement date: _____

Full Time Part Time Casual

Volunteer Other _____

PREVIOUS EXPERIENCE

What experience have you had with children? _____

Have you looked after children before? Yes / No If yes, in what capacity? _____

Please give details of any experience with children or young adults with a disability _____

Tell us about your hobbies and interests?

Please give details _____

Have you been involved in Volunteering before? YES / NO If yes, where? _____

What are your reasons for wanting to become a Gateways Support Services Inc Volunteer? _____

EDUCATIONAL QUALIFICATIONS

Do you have any education or training which may be relevant to this application (eg: First Aid, Secondary/Tertiary education)? _____

MEDICAL HISTORY

You must read the position description before answering this question. We request that you disclose any pre-existing injuries or diseases of which you are aware and you could reasonably expect to affect the nature of the position you are applying for.

In this position you may be required to:

- Walk distances and / or move quickly
- Push wheelchairs
- Lift or move objects
- Lift or support clients in transfers
- Support and supervise clients
-

Have you any medical history, pre-existing illnesses, diseases, physical or psychological conditions, which could be aggravated by the type of position you are applying for? YES / NO

If yes, please give details _____

DRIVING RECORD

Licence Number: _____ Date of Expiry: _____ State of Origin: _____

Licence Type: _____ No of years held: _____

Have you ever been convicted of a driving offence? YES / NO

Please give details: _____

Please provide details of any motor vehicle accidents in which you were involved as a driver during the last two years: _____

REFEREES

Please provide two (2) referees who you authorise us to contact. Referees must have known you for at least 12 months and should not be family members. Referees will be contacted after the formal interview process.

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Relationship to Applicant _____ Relationship to Applicant _____

Please complete declaration on back page

I, _____ (name) declare this Volunteer Application to contain true and correct information and consent to any reference checks which may be necessary to support this application.

If my application is successful, I agree to be bound to Gateways Code of Conduct enclosed. Should it be proven that any answers given by me as part of this application are incorrect or I have breached the Code of Conduct I will accept Gateways right to immediately terminate my involvement with Gateways Support Services Inc Volunteer Program.

Signature of Applicant: _____ **Date:** _____

Signature of Witness: _____ **Date:** _____

DECLARATION OF PRIVACY

Gateways Support Services Inc acknowledges and respects the privacy of individuals. This information is being collected for the purposes of potential volunteering at Gateways Support Services Inc. The provision of this information is voluntary, but if this information is not provided, Gateways Support Services Inc may not be able to assess your application. In signing this document, you are providing your consent for Gateways to contact your nominated referees. The information collected will be held by Gateways Support Services Inc and Gateways Support Services Inc will take all reasonable steps to protect any personal information it holds from misuse, modification, loss or unauthorised access until it is no longer required. At such time that the information is no longer required, Gateways Support Services Inc will take reasonable steps to destroy or permanently de-identify the information.