

## VOLUNTEER APPLICATION

### POSITION APPLIED FOR

Title: **Recreation Volunteer**

YOUTH GROUP

GET UP AND GO (18+)

HOLIDAY PROGRAM – JUNIOR   
(SCHOOL AGE – 10 YEAR OLDS)

HOLIDAY PROGRAM - SENIOR   
(11 – 18 YEAR OLDS)

### PERSONAL DETAILS

Full Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

DOB: (if under 18) \_\_\_\_\_

Phone No(s): \_\_\_\_\_

Mobile: \_\_\_\_\_ BH \_\_\_\_\_

Home: \_\_\_\_\_

Email: \_\_\_\_\_

Best time/number for contact? \_\_\_\_\_

### CURRENT EMPLOYMENT (if applicable)

Current employer: \_\_\_\_\_  
(Name & Address)

Position: \_\_\_\_\_

Commencement date: \_\_\_\_\_

| Status:  Full Time  Part Time  Casual  
 Other



## CURRENT EDUCATION LEVEL

What School do you attend (if applicable)? \_\_\_\_\_

What year level are you currently in? \_\_\_\_\_

## EDUCATIONAL QUALIFICATIONS

What education or training have you had, if any, which may be relevant to this application (eg: First Aid, Secondary/Tertiary education)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(✓)  Please attach certificate of qualifications awarded

## 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
- Handle small objects
- 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 work you are applying for? YES / NO

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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 \_\_\_\_\_

**PTO**

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/Parent:** (if the applicant is under the age of 18 years parental consent is required)

\_\_\_\_\_ **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.