



Volunteer Application form

Personal Details

Police Records Check no: _____ Date issued: ____ / ____ / ____

Working with Children card no: _____ Expiry date: ____ / ____ / ____

Date of application		Date of birth:
Name		
Address		
Email address		
Phone Number		Mobile:
Emergency Contact	Name:	
	Phone:	Mobile:

Have you lived overseas for twelve months or more in the past ten years? Yes No

Is English your first language? Yes No Do you need an interpreter? Yes No

Please tick the volunteer roles that interest you:

Days/Times

<input type="checkbox"/>	Administration (data entry, photocopying, information packs, surveys, etc)	As required
<input type="checkbox"/>	Better Health program (nutrition & healthy lifestyle for children and families – Working with Children card required)	Wed 9.15-11.30am Term 4 - 3.30-5.30pm
<input type="checkbox"/>	BRI cooking program (assisting people with disabilities)	Tue 10.00-1.30
<input type="checkbox"/>	Exercise / walking groups	Tue/Wed am
<input type="checkbox"/>	Gardening	As required
<input type="checkbox"/>	Health Information Cafe (shopping, cooking or working in the café)	Wednesdays
<input type="checkbox"/>	Mail run between sites (weekday mornings)	Mon-Fri 9.00-11.00
<input type="checkbox"/>	Refugee & migrant assistance (English language practice or group programs)	As required
<input type="checkbox"/>	Second Bite (food collection and redistribution to community food programs)	Mon-Fri 8.30-10.30
<input type="checkbox"/>	Other:	

Why do you wish to become a Volunteer at Ballarat Community Health? (tick one please)

- | | |
|--|--|
| <input type="checkbox"/> To contribute to the welfare of others | <input type="checkbox"/> To meet people/spend time with others |
| <input type="checkbox"/> To apply my knowledge/skills/experience | <input type="checkbox"/> To give back to the community |
| <input type="checkbox"/> To acquire new knowledge/skills | <input type="checkbox"/> Personal growth and development |

Availability for Volunteer work		
<input type="checkbox"/>	Monday	Times:
<input type="checkbox"/>	Tuesday	Times:
<input type="checkbox"/>	Wednesday	Times:
<input type="checkbox"/>	Thursday	Times:
<input type="checkbox"/>	Friday	Times:
General Information		
Previous employment:		
Previous education/training:		
Other strengths/skills (e.g. languages / computer skills / gardening etc.)		
What are your interests?		
Are you attaching an up-to-date resume? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you hold a current Victorian Driver's Licence? <input type="checkbox"/> Yes – full licence <input type="checkbox"/> Yes – Green P's <input type="checkbox"/> No If yes – expiry date: _____ / _____ Restrictions: _____		
<p>The following values are key to our work at BCH:</p> <p>♦ Respect ♦ Integrity ♦ Responsibility ♦ Optimism ♦ Courage ♦ Resilience</p> <p>Please explain how you would demonstrate at least one of these values as a volunteer.</p>		
Please provide names and contact details for 2 referees:		
1. Name:		Ph:
<input type="checkbox"/> Previous/current employer at: OR <input type="checkbox"/> Personal referee (friend/social)		
2. Name:		Ph:
<input type="checkbox"/> Previous/current employer at: OR <input type="checkbox"/> Personal referee (friend/social)		

Disclosure

Pursuant to Section 82(7) of the Accident Compensation Act, 1985, BCH requires you to provide information regarding any injuries or conditions you may have, or have had, which could be affected by the volunteer position you will undertake. This enables BCH to protect, monitor and maintain your wellbeing during the course of your time with our organisation.

Do you have a medical condition or injury that we need to be aware of? Yes No

Do you believe that your medical condition or injury may be affected by the nature of your volunteer duties? Yes (please provide details) No

If yes, please identify any tasks and/or responsibilities that may affect or aggravate your injuries and/or condition: _____

Are you currently taking any medication we may need to be aware of?

Yes No Details: _____

Volunteer's Signature: _____ Date: ____/____/____

Disability Worker Exclusion Scheme (DWES)

The DWES is a list kept by the Dept of Health & Human Services (Vic) of anyone being investigated or found guilty of an offence against a person with a disability. The purpose of the DWES is to strengthen the protections and safeguards for people with a disability. As a Volunteer there may be times when you have direct contact or access to a person with a disability.

I hereby authorise BCH to check my name with the DWES: Yes No

Volunteer's Signature: _____ Date: ____/____/____

Confidentiality

Any information relating to clients, staff, volunteers and students is to be regarded as sensitive and confidential including, but not limited to, items such as client names, appointments, case notes and files as well as staff phone numbers and addresses.

Confidentiality of clients, staff, volunteers and students must be respected for the protection of rights, privacy, reputation and individual legal liabilities.

Failure to comply with this policy will/may be grounds for termination of volunteer status.

I, _____, understand and accept that as a Volunteer at Ballarat Community Health, I must maintain confidentiality of all information (verbal and written) relating to clients, staff, volunteers and students or the business operation.

Volunteer's Signature: _____ Date: ____/____/____

Agreement to attend Volunteer Training

There are a number of training sessions that a volunteer must attend in order to safely and effectively perform their role. Orientation training must be attended within a volunteer's first six months with BCH. Other training that may be compulsory depending on your specific volunteer role includes:

- ◆ First Aid Level 2
- ◆ Food Safety
- ◆ Occupational Health and Safety
- ◆ Manual Handling
- ◆ Cultural Competence
- ◆ Use of Office Equipment

I hereby agree to attend Orientation training within 6 months of my commencement as a BCH volunteer AND to attend other training as directed, which is relevant to my role

Volunteer's Signature: _____ Date: ____/____/____

Photography

Ballarat Community Health occasionally reproduces photographs of people in print form and electronically, for publications (internal and external), promotional and marketing material (including media releases) and on the website in order to promote the services.

Ballarat Community Health would like to be able to use and reproduce one or more photographs of you for this purpose, and is seeking your consent to do so.

Photographs of you which are sufficiently clear to identify you are considered personal information. Ballarat Community Health has a comprehensive policy addressing issues related to the use, collection, security and access to personal information which can be viewed at: http://www.bchc.org.au/about_us.php

I hereby consent to my photograph being taken **for ID purposes only**

OR

I hereby agree to Ballarat Community Health using, reproducing and disclosing photographs of me **for use in publications** (internal and external), promotional and marketing material (including media releases) **and on its website**.

Volunteer's Signature: _____ Date: ____/____/____

You can read our statement on collection and use of personal information on our website:

<https://bchc.org.au/about-us/employment/working-ballarat-community-health>