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| **VOLUNTEER APPLICATION** |

 **If you are interested in volunteering please complete this form,**

**Come by SEC Care to leave your form or email to** [mail@secommunitycare.com.au](mailto:mail@secommunitycare.com.au)

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| **APPLICANT DETAILS** | | | |
| **Date of Application** | **/** **/** | **Title** |  |
| **Gender** | Male  Female  Other | **Aboriginal**  **Torres Strait Islander**  **Unknown** |  |
| **Surname** |  | **First Name** |  |
| **Address** |  | | |
| **State** |  | **Postcode** |  |
| **Date of Birth** | **/**  **/** | **Country of Birth** |  |
| **Home Phone** |  | **Mobile Phone** |  |
| **E-mail Address** |  | | |
| **Emergency Contact Details** | | | |
| **Name 1** |  | **Telephone** |  |
| **Relationship** |  | | |
| **Name 2** |  | **Telephone** |  |
| **Relationship** |  | | |

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| **Do you hold a current valid driver licence** | Yes No |
| **Current Working with Vulnerable People Card** | Yes No |
| **Current Police Check** | Yes No |
| **Volunteer role preferred** | Social Programs Community  Transport |

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| --- | --- |
| Occupational Background |  |
| Are you Currently employed  If yes name your employer |  |
| Interests / Hobbies |  |
| Is English your first language | Yes No |
| Details of other languages you speak, if any |  |
| How did you hear about this volunteering opportunity |  |
| Previous volunteering experience |  |
| Reasons for your interest in volunteering with SEC Care |  |

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| **VOLUNTEER APPLICATION** |



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| **AVAILABILITY** | | | | | |
| **Date you are available from** | | | **/**   **/** | | |
| **On what basis are you available** | | | Weekly  Fortnightly  Monthly | | |
| **Tick the appropriate box to indicate your availability during the week** | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |
| **All Day** |  |  |  |  |  |

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| --- | --- | --- | --- |
| **REFEREES**  Please provide details of two referees that you **consent** for us to contact | | | |
| **Name** |  | **Name** |  |
| **Relationship** |  | **Relationship** |  |
| **Phone No(s)** |  | **Phone No(s)** |  |

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| **DECLARATION OF ACCURACY OF IMFORMATION GIVEN** | | | |
| I confirm that the information provided in this application is, to the best of my knowledge, true and complete. I understand that I will be required to read and sign formal documents should I be offered a volunteering opportunity at SEC Care | | | |
| **DECLARATION OF CONFIDENTIALITY** | | | |
| All personal information gained in regard to a SEC Care client and their family/friends will remain between me, the client and/or family/friends and the organisation to which I am attached for the duration of my volunteering period and any time thereafter | | | |
| **Applicant Signature** |  | **Date** | **/** **/** |
| **Applicant Print Name** |  | **Date** | **/**  **/** |

**Please bring “Proof of Identity”, current Police Check and Working with Vulnerable People card with you at the time of your interview**