|  |
| --- |
| **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

|  |
| --- |
| **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** |  |

|  |  |
| --- | --- |
| **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 |

|  |  |
| --- | --- |
| Occupational Background |  |
| Are you Currently employedIf 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 |  |

|  |
| --- |
| **VOLUNTEER APPLICATION** |



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

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

|  |
| --- |
| **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**