

VOLUNTEER APPLICATION FORM

Contact Details:

Name: _____

Address: _____

Suburb: _____ Post Code: _____

Phone: _____ Mobile: _____

Email: _____

Present Occupation: _____

Are you a current WHISE member?

Yes No

Please tick the position you are interested in.

- Settlement Grants Program Home Visitors
- Volunteers go into the homes of refugee women for 1 hour per week to assist with basic settlement needs.
- Photography on the Move
- Volunteers go into special development schools to run a photography based program for young people with a disability.
- Reception/Administration
- Volunteers answer phones and conduct basic administration tasks.
- Health Promotion/Community Development
- Volunteers are able to assist health promotion and community development staff on a range of programs. Involvement can include helping to plan, run and evaluate programs as well as assist with basic administration tasks.

Availability:

How many voluntary hours can you offer?

1 - 2 2 - 3 3 - 4 4 - 5 5 - 6

What days are you available?

Mon Tues Wed Thur Fri

Please specify: Weekly Fortnightly Morning Afternoon

If you are unable to commit to a regular time, would you be willing to be contacted on an adhoc basis?

Yes No

Why are you interested in a volunteer position at WHISE?

Have you done any volunteering before? If so, where and what type of work did you do?

Thank you for taking the time to complete this application. Please note that you will be provided with an orientation program and training before any tasks are undertaken.

Date of Application: _____

NB: To comply with the Department of Health funded services policy, all staff (full-time, part-time and contract), volunteers, including the Council and students on placement are subject to Pre-employment and Pre-placement Safety Screening (Police Check)

OFFICE USE ONLY: Items to be ticked once completed

- | | |
|--|--|
| <input type="checkbox"/> Working with Children Check (or Police check) | <input type="checkbox"/> Induction/orientation checklist |
| <input type="checkbox"/> Confidentiality Agreement | <input type="checkbox"/> Emergency Contact Details |
| <input type="checkbox"/> <u>Training</u> | <input type="checkbox"/> Workplace information Sheet |

Has training been conducted by WHISE staff?

Yes No

If so, in what area?

Date started at WHISE: _____

Date ended at WHISE: _____