



Application for Volunteer Position

Information provided on this form will be kept confidential.

Name: _____ **Phone:** _____

Mobile: _____ **Email:** _____

Address: _____

_____ **Date of Birth:** _____

Skills: _____

Areas of Interest:

Previous Work and Volunteer Experience:

Why do you wish to volunteer?

What would you like to gain from volunteering?

How did you hear about our service?

Availability to volunteer:

DAY	Morning 9:00-1:00	Afternoon 1:00-5:00	Evening 5:00-7:00	All Day
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Do you have your own means of transport? Yes No

A legal requirement for volunteering for a not-for-profit organisation is that volunteers undergo a National Police Check. Do you consent to undergo a Volunteer Police Check? Yes No Already have a current one
(Proof will need to be submitted)

Are you willing to undergo a Working With Children Check? Yes No Already have a current one
(Proof will need to be submitted)

Do you speak/use other languages? Yes No Please Specify _____

Are you willing to undertake training if required? Yes No

Please identify the areas in which you would like to assist.

Volunteer Areas:

- | | | |
|--|--|--|
| Administration <input type="checkbox"/> | Program Coordinator <input type="checkbox"/> | Catering Prep <input type="checkbox"/> |
| Clerical <input type="checkbox"/> | Computers/IT <input type="checkbox"/> | Catering Service <input type="checkbox"/> |
| Computer Companions <input type="checkbox"/> | Cleaner <input type="checkbox"/> | Catering clean up <input type="checkbox"/> |
| Volunteer Interviewer <input type="checkbox"/> | Maintenance <input type="checkbox"/> | Gardening <input type="checkbox"/> |
| Committee Member <input type="checkbox"/> | Event Volunteers <input type="checkbox"/> | Pamphlet folding <input type="checkbox"/> |

Is there any other area where you would like to offer your assistance?

Medical

Doctor: _____ **Phone:** _____

Medicare Number: _____ **Ambulance Subscription: Yes /No**

Are there any health issues/disabilities/courses of treatment or restrictions that may prevent you from performing particular types of activities or that we need to be aware of to provide appropriate support and assistance if required?

In an emergency, contact the following

Name: _____ **Phone:** _____

Address: _____

Signature needed for authorisation to seek ambulance, Medical or Hospital Services.

I authorise the Centre Manager (or person with delegated authority in charge of Mount Beauty Neighbourhood Centre) at which I am volunteering my services, to arrange for such medical or surgical treatment as may be deemed necessary in the event of my being incapacitated by any accident or illness. I also authorise them to obtain medical assistance as is deemed necessary, and I agree to pay all such medical bills and expenses incurred on my behalf.

Signature: _____ **Date:** _____

VOLUNTEER AGREEMENT FORM

The Mt Beauty Neighbourhood Centre Inc. agrees to accept your services, and thanks you for volunteering.

And we commit

1. To provide accurate information, training and assistance.
2. To ensure supervision and provide job assessment and feedback.
3. To respect your skills and individual needs as a volunteer.

As a volunteer of the Mt Beauty Neighbourhood Centre Inc. the following conditions apply:

1. The MBNCI will make no payment to you.
2. The task you have volunteered for is _____
3. You are covered for public liability insurance whilst undertaking MBNCI business.
4. Should any injury occur to you while you are acting as a volunteer you must notify the Centre Manager immediately, or as soon as practicable.
5. Under the terms of the Workplace Health and Safety Act 1995, you must follow all established practices and procedures that apply to the tasks you have volunteered to perform.
6. It is expected that you are familiar with the task/s you are about to perform and if not, then you will consult the Centre Manager.
7. Agree to keep the confidentiality of all information, both personal and professional, which may come to your knowledge in the course of your involvement with the Mt Beauty Neighbourhood Centre Inc.

I confirm that I have read and understood the above-mentioned conditions on this agreement sheet prior to signing it, and agree to serve as a volunteer and commit

1. To perform volunteer duties to the best of my ability.
2. To follow Centre rules, policies and procedures, including record keeping requirements and confidentiality of MBNCI and client information.
3. To meet time and duty commitments or to provide adequate notice so that alternate arrangements can be made.

Volunteer Signature: _____ Date: _____

Manager Approval : _____ Date: _____

Volunteering for the Centre in no way implies that preference for any paid position, which may arise, will be given to a volunteer.