

Volunteer Application

Thank you for applying to become a volunteer at Ashburton Community Centre. We appreciate your time and effort and hope to match your skills and experience to an opportunity that is meaningful and worthwhile.

Please complete the information below which is for our office records.

This information is strictly confidential.

| APPLICANT INFORMATION | | | | | |
|--|--|--|--|--|--|
| Last Name | | | | First Name | |
| Street Address | | | | | |
| Suburb | | | State | | Postcode |
| Phone | | | E-mail Address | | |
| <p>Availability to Volunteer Please specify the approximate times you are available Am: 9am – 12noon, pm: 12noon – 2.30pm</p> | | | | | |
| Hours Available (Please tick) | Monday | Tuesday | Wednesday | Thursday | Friday |
| Weekly | Am <input type="checkbox"/> Pm <input type="checkbox"/> | Am <input type="checkbox"/> Pm <input type="checkbox"/> | Am <input type="checkbox"/> Pm <input type="checkbox"/> | Am <input type="checkbox"/> Pm <input type="checkbox"/> | Am <input type="checkbox"/> Pm <input type="checkbox"/> |
| Fortnightly | Am <input type="checkbox"/> Pm <input type="checkbox"/> | Am <input type="checkbox"/> Pm <input type="checkbox"/> | Am <input type="checkbox"/> Pm <input type="checkbox"/> | Am <input type="checkbox"/> Pm <input type="checkbox"/> | Am <input type="checkbox"/> Pm <input type="checkbox"/> |
| Monthly | Am <input type="checkbox"/> Pm <input type="checkbox"/> | Am <input type="checkbox"/> Pm <input type="checkbox"/> | Am <input type="checkbox"/> Pm <input type="checkbox"/> | Am <input type="checkbox"/> Pm <input type="checkbox"/> | Am <input type="checkbox"/> Pm <input type="checkbox"/> |
| Would you like to assist in any After School activities we may have such as cooking, art classes? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Are you available to assist at any Centre run events, such as Art Shows, Morning Teas, Sausage Sizzle etc? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Would you like to assist with postcard/brochure letter drops (usually a couple of times a year – one or two hours dropping into letterboxes in Ashburton/Glen Iris) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Is there any role you would prefer not to do or be asked to assist with? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If Yes, Please explain)</i> | | | | | |

EXPERIENCE, SKILLS AND QUALIFICATIONS

Are you currently employed and or/volunteering?

Yes No

Name of Employer:

Role:

Employment and Volunteer History

| Position | Dates | Employer/Organisation | Name and Contact Number of Employer |
|----------|-------|-----------------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

Formal Qualifications
(e.g Diploma, Degree, Certificate etc)

Other Training/Certification
(e.g First Aid, Working with Children Check, please provide expiry date)

Computer Skills
(e.g Word, Excel, Power Point, Database etc)

Please tell us a little about yourself and why you would like to become a volunteer at ACC and what you hope to gain from your involvement. Are there any specific volunteering duties you are interested in?

HOBBIES AND INTERESTS

REFEREES

Please provide the contact details of two people who are not family members and who are willing to act as referees for your chosen voluntary work position.

| | | |
|---------------------|---|--|
| Referee 1. Name: | Work related or personal? (please state) | If work related please provide details of employment: (if you provided this information in the employment section – write 'as above') |
| Phone: | Mobile: | Email: |
| Referee 2. Name: | Work related or personal?: | If work related please provide details of employment: (if you provided this information in the employment section – write 'as above') |
| Phone: | Mobile: | Email: |

EMERGENCY CONTACT PERSON

| | | | |
|-----------|--|--------------|--|
| Full Name | | Relationship | |
| Phone | | | |

MEDICAL INFORMATION

Ashburton Community Centre has a duty of care to protect your health and/or safety when you are a volunteer. Your answers to the following questions will help meet our mutual needs. *(Please note that failure to disclose any pre-existing medical condition, to the limit of your knowledge, may affect the extent of cover provided by our insurance policy at ACC)*

Do you have an existing medical disability/condition/injury? *Please provide details.*

Do you take any medication that may affect your work? *Please provide details.*

How did you hear about volunteering at Ashburton Community Centre? *(please tick):*

- | | | |
|--|--|--|
| <input type="checkbox"/> Boroondara Bulletin | <input type="checkbox"/> Brochure or Flyers from Foyer | <input type="checkbox"/> Email Newsletter |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Google Search | <input type="checkbox"/> Volunteer Resource Centre |
| <input type="checkbox"/> Mail Drop (postcards) | <input type="checkbox"/> Previous/Current Member | <input type="checkbox"/> Progress Leader |
| <input type="checkbox"/> Referral (friend/neighbour etc) | <input type="checkbox"/> Short Course Guide | <input type="checkbox"/> The Senior |

CONFIDENTIALITY AGREEMENT

If you become a volunteer at ACC you may have information about participants, tutors, volunteers or staff in the course of your involvement. We expect all involved in the Centre to respect the privacy of others and uphold the good name of the organisation. Please complete the following Confidentiality Agreement.

I,
(Print Name)

Agree that I will maintain at all times, the confidentiality of all privileged or proprietary information to which I am exposed whilst involved as a volunteer with the Ashburton Community Centre, whether this information involves a participant, a paid staff member, tutor, volunteer or matters related to the overall business of the Community Centre.

| | |
|---------------------------------|------|
| Volunteer applicant's signature | Date |
|---------------------------------|------|

NEXT STEP

Please return this application to the Executive Officer of Ashburton Community Centre or scan and email to office@ashburtoncc.org.au

Thank you for your interest in volunteering at the Ashburton Community Centre. We will endeavor to contact you within two weeks of receiving your application to arrange for you to come into the Centre to chat about joining the team of volunteers. Applicants will be screened so the Centre can provide a safe working environment and to ensure your skills, experience and qualification best match your needs and that of the Centre. You may be asked to provide a Police or Working with children check; this will be discussed with you before you are offered a placement.

Once a volunteer has been offered a placement an induction will be undertaken to ensure the volunteer is provided with all the information necessary to be part of our team. There will be a trial probation period of four weeks.

If there are no current vacancies available we will advise you of this situation at this time and ask if you are happy for us to keep your details on a waiting list.

If you have any queries please contact us and we will be happy to assist you. Our Volunteer Management policy is available on request.

| | | | | | |
|----------------------------|--|-------|--|---------------|--|
| Office Use Only Contacted: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: | | Staff Member: | |
|----------------------------|--|-------|--|---------------|--|

Volunteer Placement Notes

Ashburton Community Centre
160 High Street
Ashburton VIC 3147
office@ashburtoncc.org.au 9885 7952