

VOLUNTEER APPLICATION FORM

The St Vincent de Paul Society is a world-wide Christian community, dedicated to providing a hand-up to those in need. As a volunteer-run organisation, the work of the St Vincent de Paul Society is largely carried out by members of the community who generously give their time and skills to help others. We pride ourselves on a vibrant and skilful culture, with a passion for volunteering.

1. PERSONAL CONTACT DETAILS

First Name	Surname	Title	
<input type="text"/>	<input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Preferred: <input type="text"/>	
Date of Birth	Date of Application	Mailing Address	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	
Suburb/Town	State	Postcode	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	Home Phone	Work Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Are you an Australian Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you identify as an Aboriginal? Yes <input type="checkbox"/> No <input type="checkbox"/>	or Torres Strait Islander? Yes <input type="checkbox"/> No <input type="checkbox"/>	

2. Visa Status

Please provide details about your current Visa status/Permission to volunteering:

Visa Type: VEVO#:

3. Emergency CONTACT DETAILS

Full Name (First Contact)	Relationship to Yourself	Full Name (Second Contact)	Relationship to Yourself		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mobile	Home Phone	Work Phone	Mobile	Home Phone	Work Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Address				
<input type="text"/>	<input type="text"/>				

4. What is your intended level of commitment and availability to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

How often would you be available? Daily Weekly Monthly Fixed Period:

What motives you to volunteer: To give back to the community To learn new skills and gain experience

Other:

Do you have any qualifications, skills or talent we should know about?

Is your volunteering connected to corporate group or individual support worker or other? Yes No

If yes, please provide details:

5. What type of volunteering are you interested in? More Information: www.vinnies.org.au or by contacting volunteer@svdp-cg.org.au

Centres:	Retail Assistant <input type="checkbox"/>	Truck Driver <input type="checkbox"/>	General Hand <input type="checkbox"/>	Donation Sorting <input type="checkbox"/>	
Youth:	Weekend Activities <input type="checkbox"/>	Holiday Camps <input type="checkbox"/>	Migrant and Refugee Program <input type="checkbox"/>		
Special Works:	Blue Door <input type="checkbox"/>	Compeer <input type="checkbox"/>	Clemente <input type="checkbox"/>	Vines <input type="checkbox"/>	Samaritan House <input type="checkbox"/>
Volunteer Directorate:		Night Patrol <input type="checkbox"/>	Thread Together <input type="checkbox"/>	Administration <input type="checkbox"/>	
Skilled Volunteering Roles:		Marketing/Graphic Design <input type="checkbox"/>	Photography <input type="checkbox"/>	Finance <input type="checkbox"/>	
Conference Support:	Helpline <input type="checkbox"/>	Home Visitation ACT <input type="checkbox"/>	Home Visitation NSW <input type="checkbox"/>	Location: <input type="text"/>	

6. Role Readiness

Do you currently, or have you ever, volunteered or worked for the society before?

Yes No

If yes, please provide details:

Are you volunteering to meet study, work experience or Centrelink requirements?

Yes No

If yes, please provide details (example: name of school, subject, Centrelink benefits and hours required) :

Do you have any medical condition/restriction which you feel we should be aware of whilst volunteering at the St Vincent de Paul Society?

If Yes, please discuss at interview.

Yes No

7. Working With Vulnerable People Card, Working With Children Check and National Police Check

Do you have a valid ACT Working With Vulnerable People Card?

Yes No

Card Number

Expiry Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do you have a Drivers Licence?

Yes No

Drivers Licence Number

Class

State

Expiry Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do you have a valid NSW Working With Children Check?

Yes No

Card Number

Expiry Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If successful in volunteer roles that require the above checks you will be asked to submit a valid copy prior to commencement.

8. Referees (Persons unrelated to you who have known you for 12 months or more)

Full Name

Relationship to Yourself

Telephone

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full Name

Relationship to Yourself

Telephone

<input type="text"/>	<input type="text"/>	<input type="text"/>
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By signing this application with the Society of St Vincent de Paul Limited, I declare all information given by me is true and correct. I have not knowingly withheld any circumstances or facts that would, if disclosed, affect my application.

I understand if my application for volunteering is successful and I will be asked to sign a Volunteer Assignment Agreement in respect to terms of agreement for volunteering as outlined by the Society, including; qualifications, identification, licenses, visa, registration, clearance checks or insurance prior to commencing volunteering.

Name of applicant

Signature of applicant

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If under 18 years, a signature from a Parent/Guardian is required:

Name of Parent/Guardian

Signature of Parent/Guardian

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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The Society collects personal, medical information, work right and background checks in accordance with the Privacy Act 1998 and the Society's "Character Check Policy", for the purposes of providing and administering a fair and thorough evaluation of applicants.

Our privacy policy is also available on our website which is www.vinnies.org.au/page/Publications/ACT/Policies/

Please email this form and your resume to volunteer@svdp-cg.org.au or Post to PO Box 51 Deakin West ACT 2600