



APPLICATION FORM – VOLUNTEER

The St Vincent de Paul Society is a world-wide Christian community, dedicated to the service of those in need. We are responsible for the delivery of services and the representation of its interests in the geographic area covered by the boundaries of the Canberra/Goulburn Archdiocese. Our services are the result of the combined efforts of employees and volunteers.

Position Details	
Availability	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Special Event(s) Name: _____
Status	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fixed Period _____
Activity (please see the website for vacancies) www.vinnies.org.au	<input type="checkbox"/> Hospitality <input type="checkbox"/> Young Families <input type="checkbox"/> Youth <input type="checkbox"/> Driver <input type="checkbox"/> Retail Centres <input type="checkbox"/> Community Room <input type="checkbox"/> Home Visitation <input type="checkbox"/> Warehouse <input type="checkbox"/> Night Patrol <input type="checkbox"/> Tutor <input type="checkbox"/> Peer Mentoring <input type="checkbox"/> Administration <input type="checkbox"/> Helpline and reception <input type="checkbox"/> Specific program/position/event : _____ <input type="checkbox"/> Christmas/January holiday volunteer only: _____ <input type="checkbox"/> Induction date: _____

Personal Details			
First Name		Family Name	
Address and Suburb		Suburb	Postcode
Telephone	Home:	Mobile:	
Email			
Birth Country	Date of Birth:		
Work Rights	<input type="checkbox"/> Australian Citizen <input type="checkbox"/> Australian Permanent Resident <input type="checkbox"/> Non-Citizen holding a valid Visa with permission to volunteer		
History	Have you ever worked for the Society? <input type="checkbox"/> No <input type="checkbox"/> Yes Dates: _____		
How did you find out about us?			

Personal Information	
Language Skills	Verbal/written skills are very important. Please record your English skill level. <input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Limited IELTS Score: _____ Do you speak any languages other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please list them: _____
Fitness for the Role You have Applied For	Do you have any temporary or permanent physical or medical restriction, suffer from an ailment, disability or take regular medication which might affect your ability to carry out the function/s of the role you have applied for? <input type="checkbox"/> No <input type="checkbox"/> Yes



	If Yes please give details: _____	
Workers Compensation	Have you submitted any workers compensation claims? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Have you any current open workers compensation claims? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	Do you have any open, pending or closed claims pursuant to an applicable workers compensation case? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes please give details)	
Security Checks	To work in some areas requires a police check, vulnerable people check or working with children check. Do you agree to this? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Registration	<input type="checkbox"/> First Aid Certificate <input type="checkbox"/> Drivers License Class: _____ <input type="checkbox"/> Vehicle <input type="checkbox"/> Other: _____	
Emergency	Name:	Number:

STATEMENT BY APPLICANT

By completing this application for volunteering with the Society of St Vincent de Paul Limited, I acknowledge that:

1. This is not an offer of employment
2. I authorise the Society to contact my nominated referees, as required
3. If required, I will provide the Society with the information required to undertake a National Criminal History Records Check. I understand I must maintain a valid police check and/or Working with Vulnerable Persons /Children Check as a condition of volunteering. Should my circumstances alter, I will advise the Society
4. I will provide copies of any requested and/or relevant qualifications, visa, registration, insurance, identification or licenses prior to commencing volunteering
5. I will provide evidence of eligibility to work in Australia prior to commencement. If I am a non-citizen, my work rights that may affect my volunteering are subject to verification with Department of Immigration and Citizenship. Should this alter, I will inform the Society
6. If my application for volunteering is successful, I will be bound by and at all times observe and respect all policies, procedures, terms and conditions of volunteering as provided to me during induction and orientation and as varied from time to time

I hereby declare all information given by me in this application is true and correct in every detail. I have not knowingly withheld any circumstances or facts that would, if disclosed, may affect my application. I understand I may be subject to disciplinary action or dismissal should any part of the information I have given, later be found to be untrue.

Signature

Date

Parent / Guardian Signature (if under 16 years)

Date

The information requested on this form allows for a fair and thorough evaluation of applicants. Information within this form is only available to employees of the Society involved in volunteer management.

If you have any questions, contact Human Resources on (02) 6234 7348
Please email this form, and your resume to volunteer@svdp-cg.org.au or
Mail to PO Box 51 Deakin West ACT 2600