

**Volunteer Application Form – Community Visitors Scheme**

**Title:** *Please Circle* – Mr, Mrs, Ms, Dr      **Surname:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Other name/s:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

**Sex:** *Please Circle* - Male / Female / Other

**Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Preferred days/times of volunteering:**

No. hours/week:				Start date:			
Preferred days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>	am <input type="checkbox"/>
	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>	pm <input type="checkbox"/>

How did you hear about our organisation?

\_\_\_\_\_

Why do you want to volunteer?

\_\_\_\_\_

Have you volunteered before?      Yes       No

If yes, what duties did you perform?

\_\_\_\_\_

Are you willing to undertake relevant training if required?      Yes       No

Do you have your own means of transport?      Yes       No

Do you consent to undergo a mandatory Police Check?

(The cost will be covered by SCCA).

Yes

No

Skills and Qualifications	
Formal Qualifications: <i>(e.g. Diploma, Degree, Trade Certificate etc.)</i>	
Other Training/Certification: <i>(e.g. First Aid Certificate)</i>	

**Spanish Language Proficiency**

Level of Spanish spoken      Fluent                       Good                       Basic

Level of written Spanish      Fluent                       Good                       Basic

**Languages (Other than Spanish)**

\_\_\_\_\_                      Fluent       Good       Basic

\_\_\_\_\_                      Fluent       Good       Basic

**Medical:**

***SCCA has a duty of care to protect your health and/or safety while you are a volunteer.***

***Your answers to the following will help meet our mutual needs.***

Do you have an existing medical disability/condition/injury? (Please comment if it may prevent you from performing particular types of activities as a volunteer)

\_\_\_\_\_

\_\_\_\_\_

Do you take any medication that may affect your work?

\_\_\_\_\_

**Referees**

*Please nominate two referees e.g. long-term neighbours, ministers, employers, adult educators (excluding family members)*

It is important that you seek permission from your proposed referees before Spanish Community Care Association contacts them.

**1. Name** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**How long have you known this referee?** \_\_\_\_\_

**2. Name** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**How long have you known this referee?** \_\_\_\_\_

<b>Declaration</b>	
<i>Please read each statement and tick each checkbox to acknowledge your acceptance of each point below</i>	
I am applying for volunteer work with the Spanish Community Care Association (SCCA)	<input type="checkbox"/>
I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work with the SCCA	<input type="checkbox"/>
I have read and understood the SCCA Code of conduct and agree to abide by the behaviors as set out therein	<input type="checkbox"/>

I understand that I may be required to participate in an interview and selection process, undertake a reference check and police check		
I understand that I will be required to undertake induction and/or program training prior to my commencement		
Signature:		Date:

*Spanish Community Care Association Inc (SCCA) is committed to protect any personal information it collects. It undertakes to collect personal information only to the extent that is necessary to its function and activities, retain that information only for as long as it is required for those purposes, and to protect its use and disclosure while held. SCCA will not pass the information to any other party without the express permission of the individual who has provided the information to SCCA. In meeting these commitments, SCCA will apply the National Privacy Principles developed by the Australian Privacy Commissioner*