



VOLUNTEER APPLICATION FORM

PERSONAL DETAILS	
Family Name:	First Name:
Address:	
Post Code:	
Date of Birth: (DD/MM/YYYY) _____	
Home Phone:	Mobile:
Email Address:	
Do you identify as? (Please tick one)	
<input type="checkbox"/> Male	
<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/ gender fluid	
<input type="checkbox"/> Different identity: _____	
Do you identify as Aboriginal and/or Torres Strait Islander? (Please tick one)	
<input type="checkbox"/> No	
<input type="checkbox"/> Aboriginal	
<input type="checkbox"/> Torres Strait Islander	
<input type="checkbox"/> Aboriginal and Torres Strait Islander	
What country were you born in?	
What is the main language you speak at home?	
Do you speak any languages other than listed above? (please circle) Yes No	
<i>If yes, please specify</i>	
Where you referred to us by another organisation, service or program? (If so, please provide name below. If you were referred by a friend or family member please state this)	
Occupation (Current or Previous):	
<i>If current, Employer Name, Address and Phone Number:</i>	
Emergency contact (Name and contact number of next of kin in case of emergency):	
Name: _____	
Mobile Number: _____	Home Number: _____
Work Number: _____	Relationship: _____
REFERENCES	
Please list two individuals who can be contacted to provide references:	
Name: _____	Phone: _____
Email Address: _____	
Name: _____	Phone: _____
Email Address: _____	

GENERAL INFORMATION

What type of volunteer work would you like to do?

What new skills/knowledge would you like to develop while volunteering?

Why do you wish to volunteer for our service?

Do you have a working with children check? Yes, No

If Yes, list WWCC number and expiry date: _____

Have you worked or lived outside of Australia since the age of 16? Yes, No

(If yes you are required to complete a Commonwealth Statutory Declaration)

Which COVID- 19 Vaccination status applies to you (Please tick one):

- One vaccination
 Two vaccinations
 Three or more vaccinations
 None of the above

SKILLS AND EXPERIENCE

Do you hold a valid driver's licence? Yes, No

Are you willing to use your vehicle during volunteering? *(please tick)* Yes, No

If yes, does your vehicle have Comprehensive Insurance? *(please tick)* Yes, No

Please list any skills and experience you have (including hobbies).

VOLUNTEERING EXPERIENCE

Have you ever undertaken volunteer work? Yes No

If yes, please provide details:

AVAILABILITY

How many hours are you willing to volunteer per week? _____ hours per week

When are you generally available? *(please tick all that apply)*

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon Evening Weekdays Weekends Holidays

HEALTH & SUPPORT NEEDS

Do you have any pre-existing injuries or health issues that may affect your work performance? Yes No
If yes, please provide details:

Have you made any workers compensation claims before? Yes No
If yes, please provide details:

Do you have any physical, intellectual or mental health conditions that we need to be aware of to be able to support you? Yes No
If Yes, please provide details:

CONSENT* (please tick)		
I have read the consent and privacy collection statement as per page 4 of document.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent for my personal information to be stored in the Data Exchange as explained in the consent and privacy collection statement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent to participate in follow up research, surveys or evaluation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VOLUNTEER AGREEMENT

I confirm that the information that I have provided in this application is true and correct.

I understand that, as a volunteer, Shoalhaven Neighbourhood Services Incorporated's Code of Behaviour, Code of Confidentiality, Workplace Health and Safety Policies and those policies which are specific to volunteers will be provided to me and I agree to abide by them. I also agree to undergo a National Criminal History Record Check, Working with Children Check (WWCC) and/or a NDIS worker screening check (NDISWC) as required.

Signed.....Date.....

FOR OFFICE USE ONLY
Type of Work Required:
Days, Hours and Times Available:
Own Transport:
Interviewed By: Referees Checked:
National Criminal History Record Check Satisfactory:
Commonwealth Statutory Declaration Completed (please circle)..... Yes N/A
WWCC verification date and number:
NDISWC completed and verified:
COVID 19 vaccination:
DSS data entered into DEX:

If using own transport or driving for the Organisation, please record the following details:	
Driver Licence Class and Number: (attach copy)	Expiry Date:
Make, Model and Registration Number of Vehicle: (attach copy of registration)	
Comprehensive Insurance Coverage: (attach copy)	Expiry Date:

Collection Statement - For Volunteers

Volunteer consent and privacy collection statement

The information you provide on this form includes your personal information. Your personal information is protected by law, including by the Commonwealth Privacy Act.

We collect, hold, use and disclose your personal information in order to perform our functions in relation to you volunteering with us. We are using an IT system called the 'Data Exchange' to store your information. This system is hosted by the Australian Government Department of Social Services (DSS). The personal information that is stored on the Data Exchange is only disclosed to us for the purpose of managing your placement. We may also store your data on other software systems such as MYOB, Office 365 and Deputy.

You do not have to consent to sharing your personal information with DSS. If you do not consent to us sharing your personal information, it will not affect your placement with us. If you do consent to sharing your personal information with DSS, you can ask for this information to be removed at any time.

DSS de-identifies your data. This means they remove information that identifies you or that could be used to re-identify you (e.g. your name). DSS combine your data with other clients' data in the Data Exchange to identify trends at the program level. This information is used to develop policy, administer grants programs, and conduct research and evaluations.

DSS may use this data to produce reports. These reports may be shared with other organisations. The data in these reports is de-identified.

You can find more information about how DSS will manage your personal information in the DSS privacy policy on their website: <https://www.dss.gov.au/privacy-policy>.

This policy explains:

- how to access the personal information that is stored about you on the Data Exchange
- how you can ask for this information to be changed or removed.
- the circumstances in which DSS may disclose personal information to overseas recipients
- how to complain about a breach of the Australian Privacy Principles by DSS, and how DSS will deal with your complaint.

For more information about the way we manage your personal information can be found in our privacy policy which is published on our website: www.sns.org.au

You can also request a copy of these policies by contacting us on 4421 5077 or 41 Worrigee St, Nowra NSW 2541.