

Personal Details	
First Name(s)	Ms/Miss/Mrs/Mr
Last Name	(preferred name)
Home address	
Suburb	Post code
Email	
Telephone - Home	Mobile
Date of birth ___/___/___	Primary Language

General Availability					
Monday	<input type="checkbox"/> am	<input type="checkbox"/> pm	Tuesday	<input type="checkbox"/> am	<input type="checkbox"/> pm
Wednesday	<input type="checkbox"/> am	<input type="checkbox"/> pm	Thursday	<input type="checkbox"/> am	<input type="checkbox"/> pm
Friday	<input type="checkbox"/> am	<input type="checkbox"/> pm	Weekends	<input type="checkbox"/> am	<input type="checkbox"/> pm

How did you become aware of volunteering opportunities at Seaford Community Centre?					
City of Onkaparinga	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Council Brochure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Council Volunteer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Centre Newsletter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Southern Volunteering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Volunteering SA	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Centre Programs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Word of mouth	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please specify)					

Why do you wish to become a volunteer with Seaford Community Centre?	
Centrelink Requirements <input type="checkbox"/>	Personal/Family involvement <input type="checkbox"/>
Explore Career Change <input type="checkbox"/>	Gain Work Experience <input type="checkbox"/>
Help others/Community <input type="checkbox"/>	Social Contact <input type="checkbox"/>
Learn new Skills <input type="checkbox"/>	Use my Skills and Experience <input type="checkbox"/>
Other <input type="checkbox"/>	

What type of volunteer work interests you?Reception / Admin Kitchen Playgroup Garden OP Shop Other **What skills and abilities do you have from previous work experience and what was your role (paid and unpaid)?****What are your interests and hobbies?****Do you hold a current First Aid Certificate?**Yes No

Date Completed ___/___/___

Have you volunteered before? Yes No

If yes, where?

Consent**I consent to an appropriate Criminal History Record Check SAPOL/DCSI Yes No** **Demographics**Gender Male Female

Country of Birth _____

Nationality _____

Second Language Spoken _____

Aboriginal Yes No Torres Strait Islander Yes No

For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.

This question is voluntary.

Emergency Contact – Primary

Name

Relationship to volunteer

Telephone: Home

Work

Mobile

Emergency Contact – Secondary

Name

Relationship to volunteer

Telephone: Home

Work

Mobile

Health Declaration

We have a duty of care to ensure that your health is not impaired as a result of any assigned volunteer role. Whilst completion of this section is not compulsory, it is to your benefit to equip us with relevant information to ensure your role and duties are appropriate to you and allow us to provide any necessary support.

Have you ever suffered from a back condition or spinal disorder? Yes No

Have you had or do you have a sight or hearing condition? Yes No

Have you ever suffered from a heart or lung condition? Yes No

Have you ever had any joint disorder/arthritis, rheumatism or similar? Yes No

Have you ever had epilepsy, fainting spells or periods of unconsciousness? Yes No

Do you have a diabetic condition or a serious allergic reaction to anything? Yes No

Do you have any serious health issue which you consider we should be aware of? Yes No

Please list any special medical requirements/considerations you may have; especially if you have answered yes to any of the medical questions.

Policies and Procedures

It is expected that volunteers embrace and work within the philosophy and objectives of the Seaford Community Centre and comply with the Centre's policies and procedures. Your Centre Induction and area of involvement induction will include more detailed and relevant information and documents pertaining to your role.

As a volunteer at the Seaford Community Centre you understand that:

- Your role is of your own free will, to compliment and extend the work of paid staff, without monetary reward (except for reimbursement of reasonable out-of-pocket expenses which may be incurred in performing your voluntary duties).
- You are to always act in the best interests of the Seaford Community Centre and wider community
- You are required to be available for the agreed times or provide adequate notice if you are unavailable
- No obligation is held by the Seaford Community Centre to appoint you at a later date should you apply for paid employment
- Conflicts of interest where, as a result of your voluntary work, you obtain access to information that could be of commercial or financial benefit to yourself, your family or any other contacts you may have. If you believe you may have any potential conflicts of interest please discuss these with the Community Development Officer
- That in instances where property belonging to the Seaford Community Centre is under your direct control and is lost or damaged due to your misconduct or negligence, you are responsible for meeting the costs of replacement or repair
- That should your behaviour be found to have seriously or persistently breached the policies and procedures of the Seaford Community Centre, then your work with us may be terminated
- You agree to complete the Centre Induction and area of involvement induction and abide by the policies and procedures contained within them

Confidentiality

All confidential and private documents relating to me as an individual will be held by the Seaford Community Centre Inc according to their Privacy Policy and the Australian Privacy Principles, and will be destroyed at the conclusion of the course.

Personal information provided will be used for Centre purposes only and will not be discussed or passed onto outside agencies or businesses. However, the Centre abides by the Information Sharing Guidelines and where necessary, information will be shared with appropriate Centre staff or the CDO to promote the safety and wellbeing of children, families and vulnerable people.

The Seaford Community Centre Inc adheres to the Work Health and Safety Act. It is expected that all participants will act with due care and diligence, take care of their own health and safety, take reasonable care that their acts or omissions don't adversely affect others, comply with any reasonable WHS instruction given by the facilitator or a member of the Board of Management and comply with the policies of the Seaford Community Centre.

Release of Information

You cannot disclose or profit in any way from any information which belongs to the Seaford Community Centre including information about member/participant contact details. Any requests to release information belonging to the Seaford Community Centre should be directed to the CDO or the Chairperson of the Management Committee. You are not permitted to communicate with the media in relation to the Seaford Community Centre in any way unless you have been specifically authorized to do so. All instances of request for release of information to the media or discuss the Seaford Community Centre with the media should be firstly directed to the CDO or the Chairperson of the Board of Management.

Photographic

I hereby consent to photographic/video footage, for which I have agreed to take part in at the request of Seaford Community Centre Board of Management and/or videographer or photographers working on behalf of the Seaford Community Centre. I agree to the photograph and/or footage being reproduced and published in any of its publications in connection with the promotion of the Seaford Community Centre. This may include printed and electronic matter (including social media sites) and may be available to a global audience on the World Wide Web. It may also include any other publications (including newspapers and magazines) to which the Seaford Community Centre might supply the photographs for the purpose of obtaining publicity for the City of Onkaparinga and Seaford Community Centre.

Applicant's declaration

I, *(please print full name)*
declare that to the best of my ability the information contained in this Volunteer Application form is accurate and correct and I agree to notify Seaford Community Centre of any changes to my circumstances that may affect my volunteering role.

I agree to abide by the Centre's policies and procedures as outlined above.

Volunteer signature

Date ___/___/___

Applicant under 18 years of age

I (please print full name)
am the parent/guardian/other (please specify) of the applicant and approve this application

Signature

Date ___/___/___