

VOLUNTEER APPLICATION FORM

Please tick areas of interest:

- Office volunteer Community Speakers Program
 Telephone Information Service Data entry

AVAILABILITY

How frequently are you prepared to volunteer?

- Weekly Fortnightly Monthly

Do you have a preferred day of the week? YES NO If yes, please indicate preference below

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

PLEASE NOTE THAT ALL INFORMATION PROVIDED REMAINS CONFIDENTIAL

Title: (please circle) Mrs / Miss / Ms / Mr / Dr **Date:** _____

First name: _____ **Last name:** _____

Address: _____

Suburb _____ **Postcode:** _____

Telephone: (H) _____ **(W)** _____

Mobile phone: _____ **Email** _____

Date of Birth: _____

Languages spoken other than English _____

What skills and experience would you bring to MOVE? _____

Have you been a volunteer before? YES NO If yes, please provide details of your roles/tasks.

What has prompted you to volunteer at MOVE? _____

What do you hope to achieve? _____

ARE YOU A MEMBER OF MOVE? YES NO **A MOVE peer support group?** YES NO

Is your application for voluntary work is required for eligibility for a Centrelink Agreement or a Return to Work program?* YES NO If yes, please supply details

*This information is needed to ensure we provide volunteer work that meets Centrelink or Return to Work policies.

CONFIDENTIALITY

MOVE expects volunteers to respect the right to privacy of those they work with and the confidentiality of information obtained in the course of providing a service including service users, paid staff, volunteers, database and other materials. Volunteers will not share information to outside persons that are revealed by consumers without their consent.

Confidential information refers to any information (written or oral) not publicly available. This obligation will still apply to the volunteer after they cease to be a volunteer with *MOVE*.

During your volunteering, you must adhere to the confidentiality provisions outlined above. You agree not to disclose information (including confidential information) about *MOVE* unless the disclosure is:

- required by law;
- made as part of the proper performance of your duties; or
- agreed by *MOVE*.

After your volunteering ends, you must not disclose confidential information unless the disclosure is:

- required by law; or
- agreed in writing by *MOVE*.

PRIVACY

MOVE is bound by the Privacy Act 1988 (Cth) and Privacy Amendment (Private Sector) Act 2000 (Cth) with respect to the National Privacy Principles - collection, use and disclosure, data quality, data security, openness, access and correction, identifiers, anonymity, transborder data flows and sensitive information.

Privacy Statement: I understand that *MOVE* will not use this information for any purpose other than that stated below and this authorisation will last for the duration of my volunteer involvement. This information will only be used for the purposes of volunteer participation.

Protecting Your Personal Information: *MOVE* will protect your personal information from loss and misuse. All information held in files will be locked away in filing cabinets. No changes will be made to your information without your consent. Only relevant staff will have access to your file.

MOVE will not use the information you provide on this form other than for the purposes of assessing your suitability for a volunteer position. If you are deemed suitable for a position as a volunteer, the information you provide on this application will be retained on file and on a database protected by password.

EMERGENCY CONTACT DETAILS/ NEXT OF KIN

In the event of an emergency, every effort will be made to contact your next of emergency/NOK contact. If necessary, an ambulance will be called at your expense. You will be responsible for any treatment sought on your behalf.

EMERGENCY / NEXT OF KIN CONTACT:

Name: _____ Relationship: _____

Telephone: (H) _____ (W) _____ (M) _____

REFEREES

Please provide the name and phone numbers of two referees and indicate their connection to you, for example previous/current employer etc (No spouses/partners or other family members please.)

Name _____ Connection _____ Telephone _____

Name _____ Connection _____ Telephone _____

PRE- EXISTING INJURY OR DISEASE DISCLOSURE

MOVE is committed to providing a safe working environment for all volunteers. In order to achieve this goal it is our objective to ensure that all volunteers are not required to carry out duties they are not able to perform safely.

Pursuant to S.82 (7) and (8) of the Accident Compensation Act which came into effect on 29th June 1998 you are required to disclose to your employer any pre-existing injury or disease that you have suffered of which you are aware and could reasonably be expected to foresee could be affected by the nature of the proposed volunteer role applied for.

We advise that failure to make a disclosure, or the making of a false or misleading disclosure, would disentitle you to compensation pursuant to the Accident Compensation Act should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of or in the course of or due to the nature of volunteering with *MOVE*. Indeed, *MOVE* will rely upon any failure to disclose in accordance with the provision of the Accident Compensation Act as grounds for denying compensation in accordance with S.82 (7) and (8).

Please disclose any pre-existing injuries or diseases that you have suffered which could be affected by the nature of your proposed volunteer role with *MOVE*.

As part of your application to become a volunteer at *MOVE*, we require you to undertake a police check. You will be required to complete a separate application for this. Please provide 100 pts of ID on the day of your interview

I certify that the above information which I have given is true and correct.

Name:

Signature:

Date:

Once this application is received the Community Programs Coordinator will contact you.

Thank you. Please return application form to *MOVE*:

Community Programs Coordinator
MOVE
PO Box 130
Caulfield South Vic 3162
03 8531 8000