



Volunteer Application Form – (confidential)

Your personal details

Given name:		Preferred name for name badge:	
Family name:			
Home address:		Date of birth:	
		Female / male / other/not disclosed	
Postal address: <i>Same as above</i> <input type="checkbox"/>		Home phone:	
		Mobile:	
Email address:			
Emergency contact name:		Emergency contact phone:	
<p>In order to ensure Eaglehawk Community House maintains a safe working environment are you aware of any personal health or fit for work circumstances that failing to advise us could compromise or put at risk your safety and/or the safety of others? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you have any psychological or medical conditions that might affect your ability to volunteer? Or anything we need to know in case of an emergency? Yes <input type="checkbox"/> No <input type="checkbox"/> For example: diabetes, severe food allergy, asthma, epilepsy (If yes please give details below and discuss at your interview.)</p> <p>Do you take any medication that may affect your work? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please provide details.</i></p> <p>Are you vaccinated against the COVID19 virus? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Or do you have an exemption from having the COVID19 vaccination? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>You can discuss any of these issues with the Eaglehawk Community House Coordinator.</p> <p>Do you need any special assistance because of a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please give details below and discuss at your interview.)</p>			

Your volunteering, employment or study details

Tell us about something you've done recently	
Name of organisation:	
Organisation phone:	

How can you connect with our community?

Your country of birth:	
Are you of Aboriginal and/or Torres Strait Islander origin?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not stated <input type="checkbox"/>
Availability: What days and times do you think you could volunteer?	
Tell us about yourself: List a few things that you can contribute to your role as a volunteer. For example, mentoring, gardening, cooking, administration, painting, cooking, a special skill you would like to share with Community, etc.	

COVID19 Disclaimers

Have you been diagnosed with COVID-19?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the last 14 days, have you visited any Country outside of Australia	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which Country
In the last 14 days, have you been in close contact with someone who has COVID-19?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the last 14 days, have you been in close contact with someone who is currently awaiting test results, regarding COVID-19 ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Your personal referees

We will contact these people to find out a bit more about you. It's okay if it's someone at our Centre who already knows you. We just need at least one person's details.

Referee 1

Name:	Email or phone:
How do you know this person? <input type="checkbox"/> friend <input type="checkbox"/> relative <input type="checkbox"/> employer <input type="checkbox"/> volunteer coordinator <input type="checkbox"/> other (please specify):	

Referee 2

Name:	Email or phone:
How do you know this person? <input type="checkbox"/> friend <input type="checkbox"/> relative <input type="checkbox"/> employer <input type="checkbox"/> volunteer coordinator <input type="checkbox"/> other (please specify):	

Volunteer declaration – confidential

To make sure we meet our commitment to child safety, we need this information and declaration from you. If you have any questions about this declaration, please talk to the Coordinator.

Have you ever been investigated or found guilty of any criminal offence, including any traffic offences not resolved by expiation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been dismissed or resigned from any employment or a volunteer role in response to or following allegations of improper conduct relating to children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been the subject of allegations or an investigation or any other process relating to alleged misconduct by you as a volunteer or an employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been the subject of allegations of inappropriate conduct of a violent or sexual nature towards or in relation to anyone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been refused a child-related employment screening or working with children check in South Australia or in another Australian jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are you a prohibited person, as identified in the *Child Safety (Prohibited Persons) Act 2016*?

Yes

No

Note: If you answered 'yes' to any of the above questions, you might be asked for more details, including any relevant documentation, before you can be placed as a volunteer.

You understand that if the information in this application or declaration changes, it is your responsibility to advise the education and early childhood service leader as soon as possible.

Yes

No

Membership Information

Membership at Eaglehawk Community House is open to volunteers and participants who are willing to support the ECH Mission/Vision/Values and Philosophy of Practice.

This entitles the member to be elected to the Committee of Management and to vote at the Annual General Meeting. There is a \$5 membership fee per year.

Would you like to become a member? Yes / No Membership Fee Paid- /...../.....

Volunteers Checklist

- I am providing a certificate proving my vaccination status against the COVID19 virus.
- I have a current Working with Children's Check?
- I have notified WWCC authority that I am now volunteering at the Eaglehawk Community House.
- I have a recent Police Check? (Last 2 years)
- I am willing to undertake Police and Working with Children checks if required?
- I have undertaken the Eaglehawk Community House induction (Includes Carers/support persons)**
- I have undertaken the Eaglehawk Kitchen induction (Includes Carers/support persons)**
- I give permission for my photo to be used in media material and promotion of the Eaglehawk Community House
- I agree to abide by the Policies & Procedures of the Eaglehawk Community House
- I have received a copy of the Eaglehawk Community House Welcome Brochure

I confirm and declare that to the best of my knowledge I have truthfully answered all questions. I understand that if I provide any false or misleading information I cannot start or stay on as a volunteer.

Your Signature _____

Date: _____ (day/month/year)

Please Print Your Name _____

Please return this completed form and declaration to the :
Eaglehawk Community House, 19 Bright Street, Eaglehawk 3556

The information you provide will be treated sensitively and confidentially.

OFFICE USE ONLY: Proof of ID sighted File created, stored securely and confidentially