



VOLUNTEER APPLICATION FORM

ALL INFORMATION ON THIS FORM WILL ONLY BE USED FOR VOLUNTEER MANAGEMENT PURPOSES AND WILL BE TREATED IN THE STRICTEST CONFIDENCE.

PLEASE PRINT

Mr Mrs Miss Ms

Surname: _____ Given Names: _____

Postal Address: _____

Postcode: _____ Email: _____

Telephone: (H) _____ (W) _____ (Mobile) _____

Date of Application: ____/____/____ Date of Birth: ____/____/____

Drivers' Licence Number _____ Expiry Date _____

Driving offences or accidents and year (if known): _____

Car type currently being driven: _____

General condition of car: Excellent Good Fair Poor

I would be happy to transport a BWA member in my own vehicle a BWA vehicle

Does your vehicle have comprehensive insurance cover Y/N

PLEASE INDICATE YOUR SKILLS, HOBBIES, INTERESTS AND ANY QUALIFICATIONS:
(Please specify type, date obtained and learning institution.)

PREVIOUS VOLUNTEER EXPERIENCE: (Please give specific details)

PLEASE INDICATE PREFERRED VOLUNTEER PROGRAM OR TYPE OF ASSIGNMENT:

Reading/Correspondence Driving
Social/Recreational Activities Home Visits
Gardening Fundraising/Special Projects IT
Shopping Administration

NUMBER OF HOURS PER WEEK PREFERRED _____

WHICH DAYS OF THE WEEK DO YOU PREFER TO VOLUNTEER? (Please tick)

MON TUES WED THU FRI SAT SUN

DAY WORK EVENINGS EITHER DAILY
WEEKLY FORTNIGHTLY MONTHLY ON CALL

WHERE DID YOU HEAR ABOUT BLIND WELFARE ASSOCIATION?

Family Someone who works at BWA Paper
Radio Someone who lives at BWA I live locally
Through Study Northern Volunteering
Other (Specify): _____

REASONS FOR VOLUNTEERING AT THE BLIND WELFARE ASSOCIATION

(a) What do you feel you have to offer?

(b) What do you hope to gain?

LANGUAGES SPOKEN (other than English)

REFERENCES: (Give name and telephone number of 2 people who may be contacted)

NAME: _____
ADDRESS: _____
TELEPHONE: _____

NAME: _____
ADDRESS: _____
TELEPHONE: _____

EMERGENCY CONTACT: (Give name and phone number of person/s to be contacted in case of emergency)

NAME: _____
RELATIONSHIP _____
TELEPHONE: _____

It is necessary for us to maintain a brief medical history of our volunteers. Please give details of any medical conditions/medication you are taking.

Known Allergies _____

Do you have ambulance cover? yes, any ambulance costs should be covered

 no, all volunteers must understand and agree that if an ambulance is called on your behalf, all costs for the ambulance are the responsibility of the volunteer

Do you have any active or outstanding Workers Compensation Claims Y/N

Details _____

STATEMENT OF AGREEMENT

- I certify that to the best of my knowledge, the above details are true and complete.
- I understand and agree to abide by the policies and procedures of BWA.
- I agree to follow direction given in relation to the safe performance of tasks and to undertake tasks in a way that does not endanger my own safety or the safety of others.
- Whilst acting as a Volunteer, I understand that I am covered by BWA's insurance policy, subject to the terms of the policy, (as detailed in BWA Policy & Procedures)
- Whilst acting as a Volunteer I understand that I must follow reasonable direction in regard to the Work, Health and Safety Act and BWA policy.
- I understand that it is my obligation and responsibility to Blind Welfare, its Members and staff, not to disclose any confidential information obtained in the course of duty.
- I understand that BWA reserves the right to terminate my services as a Volunteer through appropriate process.
- I understand that BWA will conduct two Screenings through the Department of Community and Social Inclusion (DCSI), covering Aged Care Employment and Disability Services Employment as part of this application.
- Failure to disclose any relevant information (including medical conditions), which may impact on your role as a Volunteer may result in the termination of your Volunteer services with BWA.
- I give permission for my photograph to be used for publications to promote BWA eg our website.

SIGNATURE OF APPLICANT: _____

DATE: _____

SIGNATURE OF VOLUNTEER OFFICER: _____

DATE: _____

Version	Created or Amended by	Original Date	Revised Date	Approved By Date	Sections Changed	Next Review Date
Final 2 nd 3 rd 4 th	M van Galen M van Galen M van Galen	Oct 1995	March 2004 August 2007 March 2008 August 08		1 Revised Revised Added transport allergy ambulance	April 2005 August 2008 March 2009 August 09
4 th	Julie Glen M van Galen		Jan 2010		Logo Reformatted to fit	June 2010
5	Jackie McEwen		February 2013		Change WHS Act	
6	Jackie McEwen		August 2015		DCSI	
7	Jackie McEwen		June 2016		Revised	June 2018