

**Coast and Country Community Services Ltd.
Section 2 Team Management
Document 2.04-1-1 Volunteer Team Member Application**

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|--|--------------------------------------|---------------------------------------|
| Surname: | | |
| First Name: | | Date of Birth: |
| I <i>prefer</i> to be called: | | |
| Residential Address: | | |
| Suburb/Town: | | Postcode: |
| Postal Address: | | |
| Suburb/Town: | | Postcode: |
| Phone No. | | Mobile No. |
| Email: | | |
| Drivers Licence No. | Class: | Expiry: |
| Emergency Contact: | | |
| Relationship: | | |
| Phone No. | | Mobile No. |
| Covid Vaccination is mandated at CCCSL you will be required to show proof of vaccination, are you able to do this Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| What skills do you have or would like to improve, that may benefit the Service and yourself as a volunteer? <i>(please specify)</i> | | |
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| Current Employment/Volunteer Duties | | |
| <i>Please list any other Employment or Volunteering obligations you have below (this information is required to enable us to manage the fatigue of our Team Members). Should you be employed it is an ongoing obligation to inform your supervisor of any obligations you have outside of CCCSL</i> | | |
| <i>Name of Organisation</i> | <i>Usual Days of Work/Vol</i> | <i>Usual hours of Work/Vol</i> |
| | | |
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Are you on any scheme requiring that you partake in Volunteer work or work experience/placement? Yes No

If yes, please state Name of Organisation:

Commitment Required:

What would you like to achieve from your role as a volunteer?

Are you aware of any injury/injuries you may have that may affect your ability to perform the inherent requirements of the volunteer role? Yes No

Coast and Country Community Services Ltd. takes Work Health and Safety (WHS) obligations seriously. Accordingly, any volunteer position within the company is contingent on completing a pre-acceptance Medical Certificate.

Do you agree to undergo a medical assessment?
(a copy of the job description can be made available to present to your GP) Yes No

Which days are you available for volunteer work?

Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday Week-nights? School Holidays? Public Holidays?

Do you have preferred available hours? Yes No
(If yes, please specify)

Do you speak any language/s other than English? Yes No
(if yes, please specify)

Citizenship

Since turning 16 years of age, have you ever been a citizen or permanent resident of a country other than Australia? Yes No

Please note: If you have answered 'Yes', you will be required to sign a Statutory Declaration regarding criminal offences.

Have you been involved in volunteer work before? Yes No
(If yes, please specify)

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What would you like to do as a volunteer?

Do you have a *current* First Aid certificate? Yes No

Please supply contact details for two (2) Referees:

Referee 1 Name: Phone No.

Referee 2 Name: Phone No.

DRIVERS ONLY

Are you prepared to drive to beyond the Local Government Area (e.g. Sydney, Wollongong, etc.)?

Yes No

**Have you ever been refused or disqualified from holding a Driver Licence?
(if yes, please give details)**

Yes No

Could you tell us about your heavy vehicle driving experience (e.g. how long have you driven heavy vehicles, are you familiar with manual buses etc)

Do you have any medical conditions which may restrict your ability to drive a vehicle?

Yes No

(if yes, please give details)

Are you currently taking any medication which may restrict your ability to drive a vehicle?

Yes No

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(if yes, please give details)

Are you willing to use your own vehicle to transport Service Users?

NB: Reimbursement is paid on a 'per km' basis **Yes** **No**

(If yes, it is compulsory that you have Comprehensive Motor Vehicle Insurance to transport Service Users in your own car – please provide details below)

Name of Insurance Company:

**Comprehensive Insurance
Policy No:**

Expiry Date:

Licence Card No:

Vehicle Registration No:

Expiry Date:

Make and model of vehicle

No. of doors

VOLUNTEER TEAM MEMBER DECLARATION

I declare that the above information is true and correct, to the best of my knowledge.

I understand that should any of the information supplied by me be found to be false, I am liable for disciplinary action that could lead to my dismissal.

I realise that the Service is committed to maintaining the confidentiality of Service User information to maintain respect, dignity and privacy of its Service Users.

I understand that all information given is confidential and will not be disclosed without the Chief Executive Officer's permission.

I agree not to disclose any confidential information while working or after ceasing duties with the Service.

I understand and acknowledge that as part of this Agreement I am not permitted to speak to any media representative on any matter relating to the Service, and that I will refer any media representative to the Chief Executive Officer.

If I am accepted as a Volunteer Team Member, I agree to:

- *Provide a history of my driving record from Roads and Maritime Services (RMS);*
- *Consent to a Police Check being performed every three (3) years;*
- *Complete a Prohibited Employment Declaration under the Child Protection (Prohibited Employment) Act, if required;*
- *Take full responsibility for any parking or speeding infringement notices that may be incurred whilst driving for Coast and Country Community Services Ltd. I also understand that Coast and Country Community Services Ltd. will transfer any infringement notice that I am responsible for into my name;*

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- *Protect Service User confidentiality;*
- *Provide CCCSL with future information regarding Covid booster shots and/or additional employment or volunteer activities;*
- *Respect the rights of Team Members and Service Users;*
- *Not act beyond the duties of my position; and*
- *Abide by all policies and procedures set by the Governance Body of Coast and Country Community Services Ltd.*

Name:

Signature:

Date:

Please note: Coast and Country Community Services Ltd. maintain a policy of strict confidentiality of this form and information gained.

Office Use Only

Referee 1 Comments:

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Referee 2 Comments:

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Volunteer Approved

Yes **No**

Upon approval of application, follow procedure for completion of Volunteer Team Member orientation.

If application not approved, state reason/s:

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Applicant was advised of the reason for non-acceptance:

Yes **No**

Comments:

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Applicant was advised by *(complete below):*

Name:

Position:

Signature:

Date: