

HCSG



Volunteer Registration

PRIVACY

In applying to become a volunteer with HCSG you will be providing personal information. HCSG will use this information to assess your application. HCSG may also make notes and prepare a confidential report in respect of your application. HCSG will not disclose this information to a third party without your consent. Access to this information may be available to you upon request. We will store this information for the time you are a volunteer with HCSG.

Where you have provided us with the name and address of a person in connection with your application, you should inform them that you have done so and the reason for it. You should also inform them the information is to be used solely in connection with your application to become a volunteer and the information about them collected by HCSG can be accessed by them upon request.

References provided by third parties and notes or reports made by HCSG relating to your application to become a volunteer are confidential and will not be made available to you or any person other than as required to process your application.

SCOPE OF WORK

Volunteers need to understand the nature and limitations of the work they undertake for HCSG. Volunteers will not be protected by the Volunteer (Protection from Liability) Act if they know, or ought to have known, that they were acting outside the scope of the community work organised by HCSG or contrary to instructions. Volunteers should only undertake duties as directed by a Manager or Coordinator and should not perform any other voluntary duties without liaising with that Manager or Coordinator. Any duties undertaken without being recorded at HCSG will not be covered by HCSG Public Liability Insurance.

PERSONAL DETAILS

Date:	Telephone:	Mobile:
Position applied for:		
Surname (block letters):	Date of Birth:	
Given names:		
Private address:	Post Code:	
Email address:		

NEXT OF KIN / EMERGENCY CONTACT

Name:	Relationship:
Address:	
Telephone:	Mobile:

NAMES AND ADDRESSES OF TWO REFEREES

1. Name:	Telephone:	Mobile:
Address:		
2. Name:	Telephone:	Mobile:
Address:		

APPLICANT TO COMPLETE THIS SECTION

Which days and times are you available? _____

Where did you hear about HCSG? _____

Preferences:

- | | | |
|--|---|--|
| <input type="checkbox"/> Meals on wheels | <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Handyman |
| <input type="checkbox"/> Day Centre | <input type="checkbox"/> Administration | <input type="checkbox"/> Gardening / weeding |
| <input type="checkbox"/> Transport – Mundaring | <input type="checkbox"/> Projects | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Transport – Kalamunda | <input type="checkbox"/> Social Events | <input type="checkbox"/> Other |
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> One off projects | |
| | <input type="checkbox"/> Gardening projects | |

TRANSPORT DRIVER APPLICANTS ONLY:

Do you have your own transport? Yes / No	Class/es:
Drivers Licence Number:	Date of expiry:

DECLARATION AND AUTHORISATION

I, _____ of _____ :

- (a) declare that the information supplied by me is, to the best of my knowledge, true.
- (b) confirm that I agree to the terms set out in this Application for Volunteer Registration.
- (c) agree to the HCSG Volunteer Coordinator obtaining a criminal history check through the West Australian Police.

Applicant's Signature: _____ Date: _____

Office Use Only

- Police Clearance: _____
- Date entered: _____
- Worker ID: _____

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