

Volunteer Application Form

Thank you for your interest in becoming a volunteer with Arthritis & Osteoporosis NSW. Please ensure all sections are completed and answered honestly. You will also need to complete a separate Police Clearance Check (or provide a valid Police Clearance Check).

Privacy Statement

Your privacy is our priority. Arthritis & Osteoporosis NSW abides by the National Privacy Principles in all its dealings with members, volunteers and the public. Any personal information you have provided will be treated as confidential, be stored securely and only accessible to authorised staff.

Please return your completed application form to volunteers@arthritissnw.org.au or post to Volunteer Coordinator, Arthritis & Osteoporosis NSW Locked Bag 2216 North Ryde NSW 1670.

Personal Details			
Title: <i>Please circle</i>	Mr. Mrs. Ms. or Other	Family Name:	Suffix: (e.g. MD)
Name:	First Name(s):	Preferred Name:	
Street Address:	Suburb:	State:	
		Postcode:	
Postal Address (if different):	Suburb:	State:	
		Postcode	
Email Address:	Date of Birth:		
Telephone:	Home:	Mobile:	Work:
Do you have a current Driver's Licence?	Yes <input type="checkbox"/> No <input type="checkbox"/> Driver's License No.		
Car:	Manual <input type="checkbox"/> Automatic <input type="checkbox"/>		International Driving Permit: <input type="checkbox"/>

Volunteer Position	
<i>Please provide details of the program or specific volunteer role(s) that you are interested in (in order of preference if there are more than one)</i>	
Volunteer Role:	Location:

Availability to Volunteer							
No. Hours/Weeks:				Start Date:			
Preferred Days:	Monday am <input type="checkbox"/> pm <input type="checkbox"/>	Tuesday am <input type="checkbox"/> pm <input type="checkbox"/>	Wednesday am <input type="checkbox"/> pm <input type="checkbox"/>	Thursday am <input type="checkbox"/> pm <input type="checkbox"/>	Friday am <input type="checkbox"/> pm <input type="checkbox"/>	Saturday am <input type="checkbox"/> pm <input type="checkbox"/>	Sunday am <input type="checkbox"/> pm <input type="checkbox"/>

Skills and Qualifications
Formal Qualifications: (e.g. Diploma, Degree, Trade Certificate etc.)
Other Training/Certification: (e.g. first aid certificate, advanced driving etc.)
Computer Skills: (e.g. Word, Excel, PowerPoint etc.)
Other: Please provide details below

Languages (Other Than English) (Please indicate whether basic (B) , medium (M) or fluent (F) for both spoken & written)	
1.	Spoken: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Written: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
2.	Spoken: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Written: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
3.	Spoken: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Written: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
4.	Spoken: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Written: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>

Employment and/or Volunteering History

Have you volunteered with Arthritis & Osteoporosis NSW before? Yes No
 If yes, please give full details:

Do you have experience working with children? Yes No Not applicable for volunteer position
 If yes, please give full details:

Why do you want to volunteer for Arthritis & Osteoporosis NSW?

How did you hear about the volunteer opportunity for Arthritis & Osteoporosis NSW?

What is your most recent paid position?	Position:	Organisation:
Main Duties:		Length of employment:

What was your most recent volunteer position?	Position:	Organisation:
Main Duties:		Length of service:

Personal Referee Contact Details. We require two referees, preferably one employment and one personal (someone who has known you for at least 1 year, excluding relatives).

Name:	Phone:
Name:	Phone:

Emergency Contact Details and Parental Consent

Emergency Contact Name:	Emergency Contact Number:
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*This section of the application form must be completed by all **applicants 17 years of age and under.***

Parent/Guardian's Name:	Relationship to Applicant:
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Email:	Phone:
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I give permission for the applicant to work as a volunteer for Arthritis & Osteoporosis NSW

Parent/Guardian's Name:	Date:
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Volunteer Induction Availability
 All volunteers will need to attend an induction training at Arthritis & Osteoporosis NSW in North Ryde.
 Please specify all dates/ times that you are available.

Preferred Days:	Monday am <input type="checkbox"/> pm <input type="checkbox"/>	Tuesday am <input type="checkbox"/> pm <input type="checkbox"/>	Wednesday am <input type="checkbox"/> pm <input type="checkbox"/>	Thursday am <input type="checkbox"/> pm <input type="checkbox"/>	Friday am <input type="checkbox"/> pm <input type="checkbox"/>	Saturday am <input type="checkbox"/> pm <input type="checkbox"/>	Sunday am <input type="checkbox"/> pm <input type="checkbox"/>
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Medical Information. Arthritis & Osteoporosis NSW has a duty of care to protect your health and/or safety while you are a volunteer. Your answers to the following questions will help meet our mutual needs. Your responses will be kept confidential and stored securely.

Do you have an existing medical disability/condition/injury which may affect your capacity to carry out the requirements of this volunteer position? Yes No

If yes. Please give full details:

Do you take any medication that may affect your capacity to carry out the responsibilities being a volunteer? Yes No

If yes. Please give full details:

Criminal Record. To comply with Child Protection (Working with Children) Regulation and Guidelines, it will be necessary for Arthritis & Osteoporosis NSW to successfully obtain a clearance for all volunteers from the National Police Checking Service and Working with Children Check prior to volunteering. If an applicant is found to have deliberately withheld or provided false information about convictions or pending charges, the application will be rejected.

Have you ever been convicted of any criminal offence (excluding minor traffic offences)? Yes No

If yes. Please give full details:

Are you subject to any criminal charges pending before a court or is there any appeal pending against a conviction that may have relevance to the position? Yes No

If yes. Please give full details:

Declaration. Please read each statement below and tick each checkbox to acknowledge your agreement. Agree

I am applying for volunteer work with Arthritis & Osteoporosis NSW	<input type="checkbox"/>
I understand that Arthritis & Osteoporosis NSW abides by the National Privacy Principles in all its dealings with members, volunteers and the public and as such I will be expected to sign a Privacy and Confidentiality Agreement prior to commencing volunteer work with Arthritis & Osteoporosis NSW.	<input type="checkbox"/>
Furthermore, I understand that in volunteering with Arthritis & Osteoporosis NSW I will be expected to abide by the policies and procedures of Arthritis & Osteoporosis NSW as provided and amended from time to time.	<input type="checkbox"/>
I declare that the information contained in this application is true and correct	<input type="checkbox"/>
I authorise Arthritis & Osteoporosis NSW to conduct a Criminal Record Check/ National Police Check verification	<input type="checkbox"/>

Volunteer Name:

Volunteer Signature: **Date:**

Received by AONSW Staff: **Date:**

If you would like to receive more information about other ways you can support AONSW, please select:

How can I become a regular or major donor to AONSW How to leave a Bequest for AONSW