



Volunteer Registration Application

Personal Details			
Family Name:		First Name(s):	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Over 18 years	D.O.B. / /	
Aboriginal or Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No		Country of Birth:	
Language(s) spoken other than English:			
Residential Address:			
Mail Address: If different from Above			
Phone Numbers: H: _____ M: _____ W: _____			
Email: _____			
Emergency Contact Details			
Full Name: _____ - _____			
Relationship: _____ (To applicant)			
Phone Numbers: H: _____ M: _____ W: _____			
Referee – non family member			
Full Name: _____			
Relationship: _____ (To applicant)			
Phone Numbers: H: _____ M: _____ W: _____			



Volunteer background & interests

What are your skills and previous work experiences?

What type of volunteer work interests you?

When are you available to volunteer (which days, mornings, afternoons, weekend, anytime etc)?

Have you been referred by another agency? Yes No
If yes, by whom

Do you have any medical conditions, allergies, disabilities or past injuries **that may affect your participation?** Yes No
If yes, please describe:

Are you looking for a volunteer role to meet Centrelink, work rehabilitation, study or any imposed requirements? Yes No
If yes, please describe:

Do you hold a current First Aid Certificate? Yes No
If yes state the date of your most recent qualification: / /
First Aid Level:

Please list any current relevant certificates or licences you hold:

- Police Clearance Child Safe Environment Aged Care Disability
 Vulnerable people Car licence Bus or Truck licence
 Other, please specify:



CONDITIONS OF PARTICIPATION:

I _____ agree to comply with the following terms and conditions as part of my role as a volunteer for Alexandrina Connect Incorporated.

I have notified the Volunteer Coordinator of any relevant medical conditions and pre-existing injuries and consent to the Volunteer Coordinator rendering or authorising such medical treatment as is deemed necessary. I accept full responsibility for all expenses incurred.

1. I have read the Volunteer Handbook and job description for my role.
2. I will undertake a National Police Clearance if I am working with vulnerable people.
3. I undertake to follow the association policies & procedures and agree to attend induction training that relates to my role
4. I am participating in all projects and activities as a volunteer.
5. I will not smoke, consume or possess alcohol or participate in any illegal activity while working on the association premises or project sites.
6. I will respect the rights, feelings and property of all others associated with all programs and projects.
7. I will do my part to ensure a safe, happy and clean team environment.
8. My placement on all programs/projects will be at the discretion of the Volunteer Coordinator.
9. I give permission for photographs or videos taken of me during my volunteering to be used for promotional purposes as required.
10. All information I have provided is true and correct.

I understand that my failure to comply with the above conditions may result in the Volunteer Coordinator terminating my participation in the program/project.

I would like to receive Community Centres SA newsletter

SIGNATURE:

DATE: / /

VOLUNTEER COORDINATOR:

SIGNATURE:

DATE: / /

Contact for Alexandrina Connect Incorporated:

Volunteer Coordinator – Vickie Giermann

vickie.giermann@alexandrinaconnect.org.au

Secretary – Jacinta Hartill

secretary@alexandrinaconnect.org.au