**VOLUNTEER APPLICATION – Secondary Information**

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| Personal Details |

Volunteer Position Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Availability: Please select which days and times you are available |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |

How much time would you like to commit to volunteering with Baptistcare?

\_\_\_\_\_\_\_\_ hrs / week \_\_\_\_\_\_\_\_ hrs / fortnight \_\_\_\_\_\_\_\_ hrs / month

\_\_\_\_\_\_\_\_ hrs / Special Event or Project Volunteering

Have you had previous volunteering experience? **If yes**, please briefly describe what kind of volunteering you have done.

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| Emergency Information |

To ensure that Baptistcare can look out for your safety and well-being, do you have any physical or medical conditions that may affect your ability to volunteer?

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Do you have any allergies? *(Please specify any allergies and any treatment protocols)*

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**Next of Kin/Emergency Contact**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (m) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Referees |

Please provide the details of two referees (**not family members**) and their relationship to you.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you for choosing to Volunteer with Baptistcare!***

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| Consent |

🞎 I consent to Baptistcare using my name and photo in promotional materials including but not limited to internal publications, feature stories for Volunteering WA, and newspapers.

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note that all volunteers will be required to:**

* Consent to a National Police Check (Baptistcare will meet costs and arrange screening through our Human Resources Department)
* Complete a Statutory Declaration
* Sign a Confidentiality document
* Provide a copy of current Driver’s License (only if driving a vehicle).

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| Declaration & Certification |

1. I declare that all the information I have provided in this application and to Baptistcare is true and correct
2. I acknowledge that Baptistcare’s insurance provides me with public liability and severe personal injury cover whilst performing my volunteer duties for Baptistcare. I understand that it does not provide cover for minor accidents, motor vehicle damage or worker’s compensation. I also understand that the insurance cover provided to me through Baptistcare is dependent upon my age.
3. I agree to participate in any training provided by Baptistcare that is required for the performance of my volunteer role.
4. I agree to provide, or consent to Baptistcare applying for, any supporting documentation required for the performance of the volunteer role including but not limited to Police Clearance.
5. I understand that it my responsibility to obtain a copy of the Volunteer Handbook and Vision, Mission and Values of Baptistcare and that by signing this document I agree to abide by the Volunteer Handbook and Vision, Mission and Values of Baptistcare in the course of undertaking my responsibilities as a Baptistcare Volunteer.

Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Commonwealth of Australia**

**STATUTORY DECLARATION *Statutory Declarations Act 1959***

|  |  |
| --- | --- |
| *1 Insert the name, address and occupation of person making the declaration* | I,1  make the following declaration under the *Statutory Declarations Act 1959:* |
| *2 Set out matter declared to in numbered paragraphs* | **1. I declare that (place tick or cross in appropriate box)**  □ since turning 16 years of age, I have been a citizen or permanent resident of a country/countries other than Australia.  **OR**  □ since turning 16 years of age, I have never been a citizen or permanent resident of a country/countries other than Australia.  **2. I declare that I have (place tick or cross in appropriate box)**  □ Never been convicted of murder or sexual assault;  □ Never been convicted of, and sentenced to imprisonment for, any other form of assault;  □ Never been convicted of any other crime;  □ No pending convictions;  **3. I declare that (place a tick or cross in appropriate box)**  □ I have provided a national police certificate dated not more than 3 years before this date, or I have given my consent for Baptistcare to obtain this on my behalf,  **OR**  □ I have applied for a national police certificate and enclose receipt of that application.  I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*,and I believe that the statements in this declaration are true in every particular. |
| *3 Signature of person making the declaration* | 3 |
| *4 Place*  *5 Day*  *6 Month* *and year* | Declared at 4 on 5 of 6  Before me, |
| *7 Signature of person before whom the declaration is made (see over)* | 7 |
| *8 Full name, qualification and address of person before whom the declaration is made (in printed letters)* | 8 |

*Note 1*   A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*. *Note 2*   Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

**A statutory declaration under the *Statutory Declarations Act 1959* may be made before–**

(1) a person who is currently licensed or registered under a law to practise in one of the following occupations:

Chiropractor Dentist Legal practitioner

Medical practitioner Nurse\* Optometrist

Patent attorney Pharmacist Physiotherapist

Psychologist Trade marks attorney Veterinary surgeon

\*A **nurse** means a Registered or Enrolled Nurse who meets the meaning of ‘Enrolled Nurse’ and ‘Nurse’ as per the Nurses Act (WA) 1992).

(2) a person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner (however described); or

(3) a person who is in the following list:

Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public

Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)

Bailiff

Bank officer with 5 or more continuous years of service

Building society officer with 5 or more years of continuous service

Chief executive officer of a Commonwealth court

Clerk of a court

Commissioner for Affidavits

Commissioner for Declarations

Credit union officer with 5 or more years of continuous service

Employee of the Australian Trade Commission who is:

(a) in a country or place outside Australia; and

(b) authorised under paragraph 3 (d) of the *Consular Fees Act 1955*; and

(c) exercising his or her function in that place

Employee of the Commonwealth who is:

(a) in a country or place outside Australia; and

(b) authorised under paragraph 3 (c) of the *Consular Fees Act 1955*; and

(c) exercising his or her function in that place

Fellow of the National Tax Accountants’ Association

Finance company officer with 5 or more years of continuous service

Holder of a statutory office not specified in another item in this list

Judge of a court

Justice of the Peace

Magistrate

Marriage celebrant registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*

Master of a court

Member of Chartered Secretaries Australia

Member of Engineers Australia, other than at the grade of student

Member of the Association of Taxation and Management Accountants

Member of the Australasian Institute of Mining and Metallurgy

Member of the Australian Defence Force who is:

(a) an officer; or

(b) a non-commissioned officer within the meaning of the *Defence Force Discipline Act 1982* with 5 or more years of continuous service; or

(c) a warrant officer within the meaning of that Act

Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

Member of:

(a) the Parliament of the Commonwealth; or

(b) the Parliament of a State; or

(c) a Territory legislature; or

(d) a local government authority of a State or Territory

Minister of religion registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*

Notary public

Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service who is employed in an office supplying postal services to the public

Permanent employee of:

(a) the Commonwealth or a Commonwealth authority; or

(b) a State or Territory or a State or Territory authority; or

(c) a local government authority;

with 5 or more years of continuous service who is not specified in another item in this list

Person before whom a statutory declaration may be made under the law of the State or Territory in which the declaration is made

Police officer

Registrar, or Deputy Registrar, of a court

Senior Executive Service employee of:

(a) the Commonwealth or a Commonwealth authority; or

(b) a State or Territory or a State or Territory authority

Sheriff, Sheriff’s officer, Teacher employed on a full-time basis at a school or tertiary education institution.