

Name: _____

Residential Address: _____

Postal Address (if different from above): _____

Home Phone No: _____ Mobile No: _____

Email Address: _____

Date of Birth: ____/____/____

Emergency Contact Details

Name: _____ Relationship: _____

Home Phone No: _____ Mobile No: _____

Please tick your current employment/day activity status:

Work Initiative	<input type="checkbox"/>	Employed Part-time	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Retired	<input type="checkbox"/>	Seeking Employment	<input type="checkbox"/>	Employed Full-Time	<input type="checkbox"/>
Home Duties	<input type="checkbox"/>	Student	<input type="checkbox"/>	Return To Work	<input type="checkbox"/>

Do you intend to receive Centrelink payments if your application is successful? YES NO

You will need to undergo certain screening requirements which are dependent on your volunteering role.
Do you have any of the following that are current?

Screening type	Yes	No	Date of Certificate	Reference Number
Department of Human Services - Child Related screening	<input type="checkbox"/>	<input type="checkbox"/>		
Department of Human Services - Working with Children Check	<input type="checkbox"/>	<input type="checkbox"/>		
Department of Human Services - Disability Services screening	<input type="checkbox"/>	<input type="checkbox"/>		
NDIS Worker Check	<input type="checkbox"/>	<input type="checkbox"/>		
National Police Certificate	<input type="checkbox"/>	<input type="checkbox"/>		

If picking up children from school or other facility

As per Department for Education and Child Development requirement - I give permission for a copy of my Working with Children Check to be held by Carers and Disability Link. I give permission for Carers and Disability Link to provide a copy to the relevant facility as required. I am prepared to personally provide a copy of my Working with Children Check to any relevant facility which involves contact with children in my volunteering capacity. YES NO

Do you have a current valid driver's license? YES NO

What interests you about Volunteering with Carers and Disability Link?

Please provide brief details of your previous or current employment experience and/or community involvement:

Please provide details of relevant qualifications relating to the volunteering activity you are applying for. This will include the completion date of the qualification and expiry date if applicable (i.e. First Aid, Child Safe Environments, Counselling)

What areas of work do you most enjoy/are most relevant to your qualifications or experiences?

Tick boxes as appropriate:

- Office duties Carers Young Carers People with a disability/illness
- Newsletter Driving Activities/Events Telephone Support
- Op Shop Fundraising Aged Care Social Support Groups
- Other Please specify: _____

Please place a tick in the appropriate boxes below to indicate your preferred volunteering times / days:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Are you willing to undertake relevant training necessary for your volunteering activity? YES NO

Are you available to assist when fellow volunteers are unavoidably absent? YES NO

Carers and Disability Link is committed to equal opportunity and cultural diversity in the workplace and will select volunteers on the basis of merit for volunteering positions.

Are there disabilities or medical conditions that will require special consideration? YES NO

If YES, what type of supports might you require during your volunteering?

Please provide two referees and provide phone numbers:

Referee One: _____ Phone No: _____

Referee Two: _____ Phone No: _____

Would you like to receive the Carers & Disability Link newsletter? YES NO

Email Mail I'll pick up a copy from my local office I'll check it out on the website

Declaration

I declare that the above information is true and correct to the best of my knowledge and belief, and I consent to the use of the information provided in this form for the purpose for which it was collected in application of volunteering activities within Carers and Disability Link. I understand that I can withdraw my consent and application at any time.

Signed:		Date:
Guardian: (If applicant under 18 years)		Date:

Please forward this form to:

Victoria Gautier ~ Volunteer Coordinator
 Email: victoriag@cadl.support
 Phone: 8389 7383

Or your local office:

- Barossa Valley** - 15 Second Street, Nuriootpa SA 5355 | Phone 8586 4000
- Adelaide Hills & Fleurieu** - 39 Onkaparinga Valley Road, Woodside SA 5244 | Phone: 8389 7383
- Clare Valley** - 276 Main North Road, Clare SA 5453 | Phone: 1300 686 405
- Yorke Peninsula** - Shop 3, 21 Frances Street, Kadina SA 5554 | Phone: 8821 2444



Together, we link people with **disabilities**, **carers** and **the aged**, with care and support services through flexible and inclusive choices within our local community.

www.carersanddisabilitylink.support
www.facebook.com/CarersandDisabilityLink

OFFICE USE:

Initial Contacts

Name: _____ Date: _____ Details: _____

Name: _____ Date: _____ Details: _____

Interview Details

Date: _____ Time: _____ Interviewee: _____

Outcome: _____

- Reference Checks completed
- Position Description signed
- Code of Conduct signed
- Confidentiality Agreement signed
- Transporting Carers/Clients – Drivers Licence details **check the back for conditions.
Licence Number: _____ Expiry Date: _____ (do not keep a photocopy)
- Required Screenings – check which ones relevant to the volunteer role
Working with Children Check | NDIS Worker Check | National Police Certificate
- Entered onto Maisy
- Login application for IT access

Any other notes: _____