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| **Volunteer Application** |
| **VOLUNTEER DETAILS** |
| **Name:** |
| **Home Street Address:** |
| **Town:** | **Postcode** |
| **Postal Address (if different):** |
| **Town:** | **Postcode** |
| **Country of Birth:** | **Date of Birth** |
| **Licence Type** | **Licence No** | **Licence Expiry** |
| **Phone Number** | **Mobile** |
| **Email:** |
| **Emergency Name** **Contact Number** |
| **MOTIVATION/SKILLS** |
| **Where did you hear about Peppercorn Services?** |
| **Skills you can bring to the service as a volunteer (include any training)** |
| **Are you currently employed Yes/No** |
| **Occupation / Previous Occupation** |
| **Are you on any scheme requiring that you volunteer? Yes/No** |
| **If yes, name of organisation** |
| **Hours Required** |
| **What would you like to achieve from being a volunteer with PSInc?** |
| **Do you speak any language other than English? (if yes please state)** |
| **Have you been involved in volunteer work before? (if yes with whom)** |
| **Do you have a first aid certificate?** |
| **MEDICAL HISTORY** |
| **Have you had any major health problems/injuries in the past 3 years? Yes/No** |
| **If so, do you believe they may affect your volunteer work Yes/No** |
| **If so would any specific resources be required to perform the duties of the volunteer position for which you have applied**  |
| **Would you be prepared to get a medical certificate to certify you are fit to carry out the duties that may be assigned to you at the Service** *(copy of job description would be made available to present to your GP)* **Yes / No**  |
| **Are you an insulin dependent diabetic? Yes / No** |
| **WHAT WOULD YOU LIKE TO DO** ***(Please tick the areas in which you would like to volunteer for Peppercorn Services)*** |
|  | **Driving clients to medical appointments in a Peppercorn Community Transport service vehicle** |  | **Assisting clients with shopping or accompanying them to medical appointments** |
|  | **Assisting at Hawkesbury Leisure & Learning Centre with meals program & activities** |  | **Assist in our Children’s Educational Services** |
|  | **Administration work** |  | **Taking phone enquiries & bookings** |
| **AVAILABILITY** |
| **Which days are you available for volunteer work?** |
| **What part of the day would you prefer to volunteer?** *(please tick)* |
|  | **Morning (4 hrs)** |  | **Afternoon (4hrs)** |  | **Anytime** |
| **Would you be available Weekends ……… School Holidays ……… Weeknights ……** |
| **Please identify any limits you would like to apply to your volunteer work:**  |

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| **REFEREES** |
| **Contact Details for 2 Referees** |
| **Referee 1 Name:** | **Referee 2 Name:** |
| **Contact Number:** | **Contact Number:** |

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| **I give my permission for my image (photo/video) and name to be used in marketing material for the service Yes / No**  |

I agree to supply a Working with Children Check (WWC) clearance letter as applicable and / or to allow a National Criminal Record History Check to be undertaken as required and that the details of the outcome will be kept in my file. I also agree to allow the PSInc. to renew the National Criminal Record History Check every 3 years.

**Signature Date**

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| **Office Use Only** |
| **Referee 1 Comments** |
| **Referee 2 Comments** |
| **Volunteer Approved/Not Approved** |
| Upon approval of Application follow process for completion of volunteer agreement |
| **If Application Not Approved state reason** |
| **Applicant was advised of the reason for non-acceptance Yes / No****Comment** |
| **Applicant was advised by** (name): |
| **Date: Time:** |