



Volunteer Application Form

The information in this form will be treated in strict confidence, observing the guidelines of the privacy act 1993. Only the Project Manager, Service Coordinator and Trustees will have access to the information on this form.

Surname: _____ First Name: _____

Address: _____

Contact Telephone Number (Home) _____ (Work) _____

(Mobile) _____ (Email) _____

Method of Transport: _____

Do you have a current driver's license? _____

What Type? _____ Driver's license no: _____

Date of Birth: _____

Ethnicity: _____ Languages Spoken: _____

Occupation: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Telephone Number

(Home) _____ (Work) _____ (Mobile) _____

How did you hear about Shanti Niwas: _____

The following questions are asked so that we can make the best use of your skills and talents at our centre. Thank you for your cooperation.

1. What is the main reason for you wishing to be a volunteer?

2. Have you ever previously been a volunteer? Yes No

If yes state your experiences:

3. What are your interests and hobbies?

What assistance would you be able to offer? (Please tick)

Driving Members

Assisting with activities

Advocacy and Interpreting

Meal Preparation

General Assistance

DOSTI Visiting Service

Other (Please List):

AVAILABILITY

When are you able to volunteer? (How often, number of hours and week days)

GENERAL

Have you been convicted of criminal offense? Yes / No

Are you awaiting the hearing of charges in a civil court of law? Yes / No

(If you have answered yes to these questions please enclose a sealed envelope with brief details and attach it to this application)

Please provide the name of the two referees who may be contacted in support of your application

REFEREES

1. Name: _____ Phone no.: _____

Address: _____

2. Name: _____ Phone no.: _____

Address: _____

(Information given by the referees will be treated as strictly confidential)

I _____ (Name) agree to the following:

- All answers in this application are correct to the best of my knowledge.
- If I am accepted into the volunteer service, I understand that I am not a paid employee of Shanti Niwas Charitable Trust Inc
- I will follow the Trust's guidelines and responsibilities for volunteers
- I will refuse to accept tips or gifts, except when a member makes or offers something on nominal value as a way of saying thank you , I will consult with the management first
- Willingness to work in teams and implement team objectives and agreements
- I will attend volunteer meeting and in-service training
- I shall maintain confidentiality and shall not discuss, comment upon, disparage, or disclose any information, in any manner or form, directly or indirectly, to any person or entity
- I give permission for the confidential information I have provide to be used only for assessing my suitability for voluntary work with Shanti Niwas Charitable Trust Inc
- I consent to my referees being contacted prior to my commencement as a volunteer

Signed: _____ Date: _____