

Contact Details:

19 Ballintine Street, Benalla, Vic, 3672
(03)57624528 | wwaminda@bigpond.net.au

Form Title: Volunteer Registration Form

Date reviewed: 2015

| Personal Details | | | |
|---|---------------|------------------------|----------------|
| Name: | | Surname: | |
| Address: | | | |
| Town: | | State/Postcode: | |
| Email: | | | |
| Mobile: | | Home: | |
| Sex: | Female Male | Date of Birth: | |
| Do you have any health concerns that may affect your ability to volunteer at Waminda? <i>If 'yes' please specify:</i> | | | YES NO |
| Emergency Contact Details | | | |
| Name: | | Surname: | |
| Address: | | | |
| Town: | | Relationship: | |
| Mobile: | | Home: | |
| Name: | | Surname: | |
| Address: | | | |
| Town: | | Relationship: | |
| Mobile: | | Home: | |
| Consent to Volunteer Checks | | | |
| Do you consent to a working with children's check (circle response)? | | | YES NO |
| Do you consent to a National Police Check (circle response)? | | | YES NO |
| Do you consent to Waminda staff contacting your provided reference contact (circle response)? | | | YES NO |
| Volunteer Code of Conduct (CoC) Checks | | | |
| Have you read and understood the House CoC Policy (circle response)? | | | YES NO |
| Have you read and understood the Garden CoC Policy (circle response)? | | | N/A YES NO |
| Volunteer Skills and Interests | | | |
| Do you speak a language other than English (circle response)? <i>If yes – please list the languages that you speak:</i> | | | YES NO |
| Do you have specific skills you want to volunteer (circle response)? <i>If yes – please list specific skills:</i> | | | YES NO |
| Do you have specific qualifications you want to volunteer (circle response)? <i>If yes – please list specific qualifications and training:</i> | | | YES NO |
| Do you have your own form of transportation (circle response)? <i>If yes – please list the transportation licences you hold:</i> | | | YES NO |
| Why do you want to volunteer with Waminda? | | | |

| | | | |
|---|---|----------------------|-------------|
| What do you want to get out of volunteering with Waminda? | | | |
| How did you hear about volunteering at Waminda? | | | |
| Events and Activity Interest | | | |
| Are you interested in participating in the Community Garden (circle response)? | | | YES NO |
| Are you interested in the School Holiday Program (circle response)? | | | YES NO |
| Are you interested in Facilitating Courses/Workshops (circle response)? | | | YES NO |
| Are you interested in the Committee of Management (circle response)? | | | YES NO |
| Are you interested in General Administration Support (circle response)? | | | YES NO |
| Are you interested in House Cleaning or General Maintenance (circle response)? | | | YES NO |
| Are you interested in the Advisory group (circle response)? | | | YES NO |
| Are you interested in participating in Public Event (circle response)? | | | YES NO |
| Reference Contact Details | | | |
| Name: | | Surname: | |
| Address: | | | |
| Town: | | Relationship: | |
| Mobile: | | Home: | |
| Acknowledgement | | | |
| I, _____, hereby declare that the information provided on this form, <i>Membership Registration Form</i> , is to the best of my knowledge true and accurate information. I understand that providing false or misleading information is a criminal offense and may result in legal action being taken against me. | | | |
| Date: | | Signature: | |
| OFFICE USE ONLY | | | |
| The following section is to be authorised as completed by a <i>Registered Staff Member</i> ¹ . All requirements must be checked off before the volunteer can be officially registered on the <i>Volunteer Register</i> ² . | | | |
| <u>Instructions:</u> | | | |
| <ol style="list-style-type: none"> 1. Indicate initiation of requirement by ticking the far left column beside the initiated requirement. 2. Once requirement has been completed, initial and date the far right column to approve the requirement completion. 3. Record any necessary comments in comments section before signing and dating the approval for registration section. 4. File in office lockable filing cabinet. | | | |
| <input checked="" type="checkbox"/> | Requirement | Initial | Date |
| | Complete <i>Volunteer Registration Form</i> . Ensure all relevant section are completed correctly, particularly the 'consent' and 'acknowledgement' sections | | |
| | Complete a Working with Children's Check. This needs to be registered online (they will need to create a login and password). See Chair or Coordinator for assistance in online registration. | | |
| | Complete a Criminal Records check with CrimCheck Online. See the Coordinator or Chair for completion of the requirement. | | |
| | Register applicant in the volunteer Registry along with prefer contact details | | |
| | Notify applicant of the application outcome | | |
| COMMENTS: | | | |
| DECLARATION OF COMPLETION BY STAFF MEMBER: | | | |
| I, _____, declare that the above requirements have been completed and that all checks and results were satisfactory for the required scope of this volunteer. | | | |
| STAFF SIGNATURE: _____ | | DATE: _____ | |

¹ A 'Registered Staff Member' is a member that has been registered on the *Signature Register* for Waminda. This registry must be updated at the start of each financial year.

² The '*Volunteer Registry*' is confidential list containing a list of approved volunteers and their preferred contact details. This registry is to be reviewed at the beginning of each calendar year.