



HUNTER HANDS OF HOPE

APPLICATION FORM – VOLUNTEER

The Hunter Hands of Hope Charity is a locally Hunter Region based Organisation, dedicated to the service of those in need. We are responsible for the delivery of services and the representation of its interests in the geographic area covered by the boundaries of the Hunter Region and NSW. Our services are the result of the combined efforts of volunteers.

Position Details							
Availability	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	Day	Evening	Special Event(s) Name: _____				
Status	Daily	Weekly	Monthly	Fixed Period _____			
Activity	Cooking Meals	Food Service	Fundraising	Other _____			

Personal Details					
First Name			Family Name		
Address and Suburb			Suburb		Postcode
Telephone	Home:		Mobile:		
Email					
Birth Country			Date of Birth:		
Work Rights	Australian Citizen		Australian Permanent Resident		
	Non-Citizen holding a valid Visa with permission to volunteer				
History	Have you ever volunteered for another Organisation?				No Yes
	Dates:		Organisation's Name:		
How did you find out about us?					

Personal Information	
Language Skills	Verbal/written skills are very important. Please record your English skill level. <input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Limited Do you speak any languages other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please list them: _____
Fitness for the Role You have Applied For	Do you have any temporary or permanent physical or medical restriction, suffer from an ailment, disability or take regular medication which might affect your ability to carry out the function/s of the role you have applied for? No Yes
	If Yes please give details: _____
Workers Compensation	Have you submitted any workers compensation claims? <input type="checkbox"/> No <input type="checkbox"/> Yes Have you any current open workers compensation claims? No Yes Do you have any open, pending or closed claims pursuant to an applicable workers compensation case? No Yes (If Yes please give details) _____



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Security Check	Working With Children Check (WWC) – Number - _____ Police Check – Number - _____	
Registration	<input type="checkbox"/> First Aid Certificate <input type="checkbox"/> Drivers License Class: _____ <input type="checkbox"/> Vehicle <input type="checkbox"/> Other: _____	
Emergency Contact	Name:	Number:

STATEMENT BY APPLICANT

By completing this application for volunteering with the Hunter Hands of Hope Charity, I acknowledge that:

1. This is not an offer of employment
2. I authorise the Charity to contact my nominated referees, as required
3. If required, I will provide the Organisation with the information required to undertake a National Criminal History Records Check. I understand I must maintain a valid police check and/or Working with Vulnerable Persons / Children Check as a condition of volunteering. Should my circumstances alter, I will advise the Organisation
4. I will provide copies of any requested and/or relevant qualifications, visa, registration, insurance, identification or licenses prior to commencing volunteering
5. I will provide evidence of eligibility to work in Australia prior to commencement. If I am a non-citizen, my work rights that may affect my volunteering are subject to verification with Department of Immigration and Citizenship. Should this alter, I will inform the Organisation
6. If my application for volunteering is successful, I will be bound by and at all times observe and respect all policies, procedures, terms and conditions of volunteering as provided to me during induction and orientation and as varied from time to time

I hereby declare all information given by me in this application is true and correct in every detail. I have not knowingly withheld any circumstances or facts that would, if disclosed, may affect my application. I understand I may be subject to disciplinary action or dismissal should any part of the information I have given, later be found to be untrue.

Signature

Date

Parent / Guardian Signature (if under 16 years)

Date

The information requested on this form allows for a fair and thorough evaluation of applicants. Information within this form is only available to Committee Members of the Hunter Hands of Hope Charity.

Please email this form, and relevant documents to
hunterhandsofhope@bigpond.com

Approval Sign-off

Name		Signature	Date	
Position		Approved	Not Approved	

Name		Signature	Date	
Position		Approved	Not Approved	