

Thank you for your interest in volunteer opportunities at Northcott Disability Services.

Please complete the enclosed Volunteer Application as the first step of the process and return it to the Volunteer Coordinator, Northcott Disability Services, PO Box 4055, Parramatta NSW 2124.

Please note the application itself is four pages in an effort to gather as much information about your interests, skills and talents as possible in advance. You are welcome to attach your resume and other supporting documents if you think they will support your application to volunteer.

I have also included the relevant paperwork for a probity check to be carried out prior to commencing any volunteering. You may also require additional checks dependant on the role and program.

Once I have received your application I will contact you to arrange a personal interview and progress your application through the necessary security screening checks involved with becoming a volunteer.

If you do have any questions please feel free to contact me via email at volunteering@northcott.com.au.

Thank you again for your interest in volunteering with Northcott Disability Services.

Yours truly,



Kelly Burton
Volunteer Coordinator



VOLUNTEER APPLICATION

You may return this application via e-mail, volunteering@northcott.com.au

Fax, 02 9683 2827 or via Post:
Northcott Disability Services
PO Box 4055, Parramatta NSW 2124
Attention: Volunteer Coordinator

Name _____ Date _____

Address _____ State _____ Postcode _____

Phone (H) _____ (W) _____ (M) _____

Fax Number _____ Birthdate (optional) ____/____/____

E-Mail Address _____

May we contact you during work hours? Yes No

Emergency Contact _____ Relationship _____

Phone (H) _____ (W) _____ (M) _____

EMPLOYMENT

Occupation _____ Employer _____

Employed: Full-Time Part-Time No

Please list the two most recent jobs you have held (excluding present position):

1. _____

2. _____

EDUCATION

Are you currently in school: Full-Time Part-Time No

High School/TAFE/University Name _____ Area of Study _____

Northcott Form – VOLUNTEER APPLICATION Owner: Volunteer Coordinator This document is uncontrolled when printed	Issue Date: 2008 Last Revision Date: 9 May 2009 Revision Number: Next Review Date: Archived Date:
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OTHER DETAILS

Please list volunteer experiences:

Agency **Dates**
Current: _____

Past: _____

How did you hear about Northcott? _____

Do you have experience working with people with disabilities? Yes No

Please describe: _____

What do you hope to gain from your volunteer work? _____

Do you have a medical condition or are you taking any medication that we should to be aware of? Yes No

If yes, please specify: _____

Is there any reason why you would not be able to perform certain tasks as a volunteer? (e.g. Bad back, cannot lift) Yes No

If yes, please specify: _____

Do you have a valid driver's licence? Yes No Type of Licence _____

Would you be willing to use your car for a volunteer assignment? Yes No

Would you be willing to drive an agency vehicle for client outings? Yes No

Have you ever been convicted of any criminal offence? Yes No

If yes, please explain: _____

AVAILABILITY

Which days of the week would you prefer to work with us?

Monday Tuesday Wednesday Thursday Friday Weekends

Times available:

Mornings Afternoons Evenings All Day Specific Hours

VOLUNTEER OPPORTUNITIES please check your interest(s)

- SUPPORT SERVICES VOLUNTEER:** Assist people with disabilities in their home or the community with activities such as companionship, administrative tasks, errands, shopping, medical appointments and social outings.
- Assist with individual or group activities in centre-based respite, long-term accommodation locations or the Out of School Hours (OOSH) program with activities such as outings to the beach, movies and shopping. In-house activities could include pizza and disco nights, barbecues, craft activities and much more.
- RECREATION ASSISTANT:** Assist with recreational and leisure group activities for children and adults such as outings to restaurants, movies, bowling, concerts and sporting events. Assist clients to access Wheelchair Sports competitions such as wheelchair football, hockey and athletics.
- Driver Community Outings School Sports Carnivals
- CAMP ASSISTANT:** assist in providing practical support for people to attend informal weekends away, short holiday and special purpose camps such as Ski camp and school holiday camp.
- TEACHERS/TEACHING ASSISTANTS/TUTORS:** Design and conduct classes in your area of expertise (where there is interest) and/or teach a skill one-on-one.
- Classes you could teach 1. _____ 2. _____
- GENERAL SUPPORT:** Assist with clerical and program support with tasks such as data entry, telephone support, mailings, library assistant, Christmas card & Gumnut Baby Badge sales, organizing loan pool equipment, distributing brochures.
- SPECIAL EVENT ASSISTANT:** Assist with tasks such as pre-event administration, day of event set-up and logistics or registration for events such as International Day of People with Disabilities, Cricket Lunch, Celebrity Doodle Auction. Support Spina Bifida Awareness Week by appearing as Spinasaurus (a blue dinosaur) during presentations at local schools. Offer your special skills and talents to help pamper mothers of people with disabilities during special weekends planned just for them.

SPECIAL SKILLS, INTERESTS, TALENTS

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Accounting | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Library Skills | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Phone Skills | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Nursing/Medical | <input type="checkbox"/> Webpage Design | <input type="checkbox"/> Music/Dance |
| <input type="checkbox"/> First Aid Certified | <input type="checkbox"/> Marketing | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Photography | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Beauty/Fashion | <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Art/Drama |

Do you have additional areas of expertise, special skills and/or talents?

Do you speak a language other than English? _____

REFERENCES

Please list the names and complete addresses of two people (other than relatives) who have known you for at least two years:

Employer Reference or Personal Reference:

Name _____ Relationship _____

Address _____ Postcode _____

Email Address _____ Phone _____

Volunteer Supervisor or Personal Reference:

Name _____ Relationship _____

Address _____ Postcode _____

Email Address _____ Phone _____

PHOTO CONSENT

A major objective of Northcott Disability Services is to educate the public about disabilities. To accomplish this, Northcott frequently sends press releases and photographs to the media (newspapers, radio, television and the Internet). It is the right of the individual whether or not to consent to the use of his/her photograph and/or name for the above publicity purposes. I hereby authorize Northcott to use any photographs taken during my volunteer service of me and/or my property. **Yes No**

PRIVACY AND CONFIDENTIALITY

We respect your right to privacy and the protection of your personal information. Northcott Disability Services is bound by the National Privacy Principles (privacy laws which commenced from 21 December 2001), and any Health Privacy Principles under state legislation. The information in this document will be used by Northcott to request volunteer assistance, for mailings associated with your volunteer role, and for insurance purposes where relevant.

VOLUNTEER AGREEMENT

I understand that Northcott will check my references and/or criminal history record as part of the screening process. To the best of my knowledge the above information is correct. I also understand that certain information about me will be discussed with the staff and client(s) with whom I may work. If there are facts about myself I do not want repeated, it is my responsibility to discuss them with the Volunteer Coordinator.

I further agree to maintain strict confidentiality in respecting the privacy rights of all direct and indirect participants with Northcott.

Signature _____ Date _____

Thank you for your interest in Northcott Disability Services
and for taking the time to fill out this application.



NATIONAL POLICE CHECKING SERVICE APPLICATION
FORM

PERSONAL INFORMATION

Surname	Given Names	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Previous Name(s) (if any)		
Date of Birth	Place of Birth (Country & Town)	Preferred Phone Number
Passport Number	Passport Country	Drivers Licence Number (State/ Territory of issue required also)
Permanent Residential Address over the last 5 years (Please start with your current address)		
Address Details <small>If full details are unavailable, details of town(s) and state(s) will suffice. Attach list if there is insufficient room.</small>		Dates <small>(Year of residents will suffice)</small>

Requesting Officer Use Only (NOTE: Please PRINT CLEARLY)	
Description of the Position Applicant has applied for:	
Is the Criminal Record Check required for the purpose of pre-employment screening of the applicant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In what capacity is the applicant being employed? <small>* NOTE: A Volunteer Criminal Records Check is defined where a. The employment provides no remuneration to the Applicant for work undertaken except out-of-pocket expenses; and b. The work undertaken fulfils a charity or community service/good.</small>	<input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER
*Have you verified the identity of the applicant required by the 100-point check?	<input type="checkbox"/> YES <input type="checkbox"/> NO

I,, give permission for NORTHCOTT DISABILITY SERVICES to carry out a criminal record check using the details I have provided here.

Signed:
(Applicant)

.....
(Witness)

Date:/...../.....

...../...../.....

100 POINT ID CHECK FORM

Applicants are required to provide identification documents to make up a total of at least **100 points** using the points guide below. You should bring originals of each of the identification documents you will be using for identification purposes if you are called for an interview.

Applicant's name: _____

Primary identification <i>(One item from this box must be submitted)</i>	Total Points
70 points each <input type="checkbox"/> Birth certificate. <input type="checkbox"/> Birth Card issued by NSW Registry of Births, Death & Marriages. <input type="checkbox"/> Citizenship certificate. <input type="checkbox"/> Current Australian Passport. <input type="checkbox"/> Expired Australian Passport which has not been cancelled and was current within the last 2 years. <input type="checkbox"/> Current Passport from another country or diplomatic.	= _____
Secondary identification 40 points each <input type="checkbox"/> Current driver's photo licence issued by an Australian state or territory. <input type="checkbox"/> Identification card issued by a public employee. <input type="checkbox"/> Identification card issued by the Australian or any state government as evidence of a person's entitlement to a financial benefit. <input type="checkbox"/> Identification card issued to a student at a tertiary education Institution.	= _____
35 points each <input type="checkbox"/> Document held by a cash dealer giving security over property. <input type="checkbox"/> A mortgage or other instrument of security held by a financial body <input type="checkbox"/> A rating authority (e.g. land rates). <input type="checkbox"/> Document from current employer or previous employer within the last two years. <input type="checkbox"/> Land Titles Office record. <input type="checkbox"/> Document from the Credit Reference Association of Australia.	= _____
25 points each <input type="checkbox"/> Current credit card or account card from a bank, building society or credit union. <input type="checkbox"/> Local council rates notices. <input type="checkbox"/> Current telephone, water, gas or electricity bill. <input type="checkbox"/> Foreign driver's licence. <input type="checkbox"/> Medicare Card. <input type="checkbox"/> Electoral roll compiled by the Australian Electoral Commission. <input type="checkbox"/> Lease/rent agreement. <input type="checkbox"/> Current rent receipt from a licensed real estate agent. <input type="checkbox"/> Records of a primary, secondary, or tertiary educational institution attended by the applicant within the last 10 years. <input type="checkbox"/> Records of a professional or trade association of which the applicant is a member.	= _____
Total Identification Points	= _____

I acknowledge that I _____ (name) have sighted the originals of the identification documents mentioned above and verify that they are a true representation of the applicant.

Signature: _____