



VOLUNTEER APPLICATION FORM

Application Date ____ / ____ / 20__

Your Details

First Name _____ Last Name _____

Address _____ Town _____ Post Code _____

D.O.B ____ / ____ / _____

Phone Number _____ Mobile Number _____

Do you hold a First Aid Certificate? (please circle) Yes No

Emergency Contact

First Name _____ Last Name _____

Phone Number _____ Mobile Number _____

Medical

Do you have a pre-existing medial condition? (please circle) Yes No

If yes what is the condition? _____

Church Affiliation

Are you apart of a Church? (please circle) Yes No

If yes what Church are you currently attending? _____

Skill Set

What gifts or skills are you able to bring into Emmanuel Care?

Why do you want to work for Emmanuel Care Centre?

Please state your previous work experience _____

Referees

1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

Are you willing to comply with Emmanuel Care Centre's Purpose and Vision Statement? Yes No

Signature _____

Date ____ / ____ / _____

*All positions will be reviewed after one month

* This application is subject to approval of Emmanuel Care Centre Management

CODE OF CONDUCT

All staff and volunteers working with Emmanuel Care Centre will:

- Actively support the Mission and Vision of Emmanuel Care Centre
- Respect and comply with all the Organization's policies and procedures
- Behave with integrity and honesty in a way that upholds the reputation of this Organization
- Work within the boundaries of the position description
- Always act with sufficient care to ensure the safety of all, including your own
- Treat clients, customers, volunteers and paid staff with respect, courtesy and without harassment
- Maintain confidentiality and always use appropriately, any information obtained whilst undertaking activities on behalf of this Organization – even after leaving this Organization
- Disclose, and take steps to avoid, any conflict of interest
- Use resources and equipment in a safe and appropriate manner
- Speak publicly (including to media) on Organization matters only if this is in your allocated role
- Participate in meetings and training as required
- Perform assigned duties as well as possible taking into account skills, experience, qualifications and position
- Request assistance when needed to undertake an activity competently
- Comply with lawful and reasonable requests
- Act in accordance with all applicable Australian laws
- Not provide false or misleading information
- Not be under the influence of alcohol or drugs while undertaking assigned duties
- Adhere to all accounting procedures and practices of this Organization
- No mobile use or personal calls

I have read and understood the terms of the Code of Conduct, the Complaints Handling Policy and WH&S Policy and Procedure. By signing this document, I agree to be bound by these terms during my activities on behalf of Emmanuel Care Centre.

Print Full Name _____

Signature _____ Date ___ / ___ / ____

Supervisors Name _____

Signature _____ Date ___ / ___ / ____