|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CATHOLICCARE VOLUNTEER APPLICATION FORM** | | | | | | | |
|  | | | | | | | |
| **Date** | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | **Title**  *(Please circle)* | | | | Mr Mrs Miss Ms  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name** |  | | | | | | |
| **Home Address** |  | | | | | | |
| **Mobile Phone** |  | | | | | | |
| **Phone Number** |  | | | **Work** | | |  |
| **Email Address** |  | | | | | | |
| **DOB** *(Optional)* | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | |
| **Aboriginal/Torres Strait Islander Origin *(Please tick)*** | | 🞎 Aboriginal 🞎 Torres Strait 🞎 Both  🞎 Australian South Sea Islander 🞎 Not want to identify | | | | | |
| **Where you born in Australia** | | 🞎 Yes 🞎 No | | | Country of Birth/Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Are you an Australian Citizen** | | 🞎 Yes 🞎 No If no please provide a copy of your Immi card | | | | | |
| **In case of emergency** | **Name** |  | | | | | |
| **Phone** |  | | | | | |
| **Relationship** |  | | | | | |
| **Do you have any of the following** | **Current Blue Card (Working with Children Suitability Card)** | | | | | 🞎 Yes 🞎 No  **Card number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Current Queensland Teachers Board of Registration membership** | | | | | 🞎 Yes 🞎 No  **Registration Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **If you have neither of the above are you willing to apply for a Blue Card?** | | | | | 🞎 Yes 🞎 No | |
| **Do you have a First Aid Certificate?** | | 🞎 Yes 🞎 No  CPR expiry date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Aid expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Do you have any experience doing any kind of volunteer work?** | | 🞎 Yes 🞎 No | | | | | |
| **If *yes,* please give details** |  | | | | | | |
| **What networks, skills and experience can you bring to the role of volunteer at CatholicCare?** | |  | | | | | |
| **What type of volunteer work are you looking for? Please indicate the program area (e.g. WHADDUP, TRAMS)** | |  | | | | | |
| **Are you also able to assist with ‘ad hoc’ events and projects (eg catering, working bees, fundraising)?** | |  | | | | | |
| **What attracted you to volunteer at CatholicCare?** | |  | | | | | |
| **Please indicate the days and times you would be available and how regularly? *(Please tick)*** | **Monday** |  | | | | | |
| **Tuesday** |  | | | | | |
| **Wednesday** |  | | | | | |
| **Thursday** |  | | | | | |
| **Friday** |  | | | | | |
| Weekly 🞏 Fortnightly🞏 Monthly🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Do you have any medical conditions or take any medications that might affect the type of voluntary work you will be able to take part in?** | |  | | | | | |
| **Signature of Applicant** | |  | | | | | |
| *If Applicant is under 18 years, then a parent/guardian is also required to sign the application form* | | | | | | | |
| **Name of Parent/Guardian** | |  | | | | | |
| **Signature of Parent/Guardian** | |  | | | | | |

*Please provide the names and contact details of two people who can provide you with a Reference [NB Referees should* ***not*** *be family members]*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to the collection of my information by CatholicCare in the attached form and it being used for the purposes outlined in this form. 🞎     Yes         🞎 No

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) consent to being photographed, filmed and recorded in any medium, by CatholicCare including but not limited to by any photographer, interviewer, videographer, for the purpose of promoting CatholicCare.

🞎     Yes         🞎 No

**Please return this form to CatholicCare HR via email (hr@catholiccare.services),**

**drop in at the Centre: CatholicCare Social Services 502 Ruthven St TOOWOOMBA QLD 4350**