



Humanitas Trust

HR

Volunteer application form

VOLUNTEER APPLICATION FORM								
Part 1- PERSONAL INFORMATION								
Surname:								
First Name:								
Address:								
		Postcode:						
Telephone Numbers:		(Home)						
		(Work)						
		(Mobile)						
Email Address:						Date of Birth:		
Do you have a current Driver's Licence?		Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>Tick appropriate box(es) below</i>				
Car:	Manual <input type="checkbox"/> Automatic <input type="checkbox"/>	Heavy Vehicle <input type="checkbox"/>		Expiry Date:				
<i>Special Note: Proof of identity needs to be provided at interview.</i>								
Part 2. VOLUNTEER POSITION								
What type of voluntary work would you like to be involved in?								
<input type="checkbox"/> Activity Support		<input type="checkbox"/> Maintenance/Grounds		<input type="checkbox"/> Cleaning				
<input type="checkbox"/> Transport		<input type="checkbox"/> Fundraising/Marketing		<input type="checkbox"/> Research & Development				
<input type="checkbox"/> Administration		<input type="checkbox"/> Event Planning		<input type="checkbox"/> Other, specify				
<input type="checkbox"/> Humanitas Services		<input type="checkbox"/> Sponsorship						
Availability to volunteer								
No. Hours/Week:								
Preferred Days:		Monday am <input type="checkbox"/> pm <input type="checkbox"/>	Tuesday am <input type="checkbox"/> pm <input type="checkbox"/>	Wednesday am <input type="checkbox"/> pm <input type="checkbox"/>	Thursday am <input type="checkbox"/> pm <input type="checkbox"/>	Friday am <input type="checkbox"/> pm <input type="checkbox"/>	Saturday am <input type="checkbox"/> pm <input type="checkbox"/>	Sunday am <input type="checkbox"/> pm <input type="checkbox"/>
Level of commitment/availability?								
<input type="checkbox"/> On call		<input type="checkbox"/> Weekly		<input type="checkbox"/> Fortnightly				
<input type="checkbox"/> Monthly		<input type="checkbox"/> Ongoing						
Part 3. SKILLS & QUALIFICATIONS you can bring to Humanitas Trust								
Formal Qualifications:								
<i>(eg. Diploma, Degree, Trade Certificate etc.)</i>								
Other Training/Certification:								
<i>Eg. First Aid Certificate, Advanced Driving etc</i>								
Computer Skills:								
<i>(eg. Word, Excel, PowerPoint etc)</i>								

Details of skills or qualifications held or previous experience gained that is relevant:	
Details of any other information which you consider relevant:	
State Briefly why you are interested in Volunteering for Humanitas Trust:	
Part 4. MEDICAL DETAILS: Humanitas Trust has a duty of care to protect your health and/or safety while you are a volunteer. Your answers to the following will meet our mutual needs:	
Do you have any medical condition/disability/injury?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', please provide information:	
Do you take any medications that may affect your work?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', please provide information:	
Part 5. HOW YOU HEARD ABOUT US	
How did you hear about Humanitas Trust?	Current Employment Status
<input type="checkbox"/> Previous Volunteer Experience <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Newspaper/Brochure/Flyer <input type="checkbox"/> Internet <input type="checkbox"/> Volunteering Tasmania <input type="checkbox"/> Patient	<input type="checkbox"/> Self Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Disability Pension <input type="checkbox"/> Job Seeking <input type="checkbox"/> Retired <input type="checkbox"/> Home Duties <input type="checkbox"/> Student <input type="checkbox"/> Other, please advise

PART 6 EMERGENCY CONTACTS			
1.	Phone (Home) (Mobile)	(work)	
Relationship:			
2.	Phone (Home) (Mobile)	(work)	
Relationship:			
PART 7. PARENTAL CONSENT (if applicable)			
<i>This section of the application form must be completed by all applicants 17 years of age or under.</i>			
Parent/Guardian's Name:		Relationship to applicant:	
Email:	Mobile:	Phone:	
<i>I give permission for the applicant to work as a volunteer for Humanitas Trust.</i>			
Parent/Guardian signature:			
PART 8. DECLARATION			
<i>Please read each statement, tick and initial each checkbox to acknowledge your acceptance of each point (below)</i>			
I am applying for volunteer work with Humanitas Trust.			<input type="checkbox"/>
I understand that I am volunteering my services to Humanitas Trust and that I will not receive any remuneration for those services.			<input type="checkbox"/>
I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.			<input type="checkbox"/>
I have read the volunteer Policy and Code of Conduct attached to this application and agree to at all times comply with the provisions of the Volunteer Policy, Code of Conduct any relevant legislation and all other policies and procedures that I am inducted in or otherwise informed I must comply with during the course of my engagement as a volunteer with Humanitas Trust.			<input type="checkbox"/>
I understand that I will may be required to participate in an interview and selection process, undertake a reference and background check.			<input type="checkbox"/>
I understand that I will be required to undertake induction and/or service/program training prior to my commencement.			<input type="checkbox"/>
I understand the information contained in this application is true and correct.			<input type="checkbox"/>
Signature:			Date:

Privacy Statement

Your privacy is our priority. Humanitas Trust abides by the National Privacy Principles in all its dealings with staff, patients, volunteers and the public.

The personal information you have provided to us will help us process your application and will be treated as confidential.

Please complete and return to: **HUMANITAS TRUST**, 10 Olinda Grove, Mt Nelson. Hobart. 7007.

Or email to humanitustrust@gmail.com or fax to (03) 6223 8060. Any further enquiries, please call (03) 6224 8810.