

Mobile PH

## VOLUNTEER APPLICATION FORM

Camp Buddy/Volunteer
General Volunteer

Thank you for your interest in supporting Country Hope! On the following pages you will find the application to register as an official volunteer. Country Hope is committed to the highest levels of Child Protection and Safety so there are a number of sections that must be completed for us to consider your application. If you are unsure about how to answer a question or are concerned about the information we require, please feel free to contact us.

PERSONAL INFORMATION			
First Name	Last Name		
Gender	Date of Birth / /		
Mailing Address			
City/Town	State Postcode		
Mobile PH	Home PH ( )		
License No.	License Type		
EMPLOYMENT INFORMATION			
Employer	Occupation		
QUALIFICATIONS & SKILLS			
Food Handling First Aid	RSA RCG Bus License		
Other (please specify)			
WORKING WITH CHILDREN All Applicants require a NSW Working with Children	en Clearance. For more information visit:		
https://www.service.nsw.gov.au/transaction/ap			
NSW Working with Children Number	/		
EMERGENCY CONTACT INFORMA	ATION		
Name	Relationship		

Home PH

<b>HEALTH DECLARATI</b>	ON		
Do you have any medical conditivolunteer with Country Hope?	ions that could affect your ability to	Yes	No
If yes, please indicate what thes	e are:		
CHILD PROTECTION			
Do you have any prior conviction or any other convictions, apart f	Yes	No	
	ide details on a separate page (this infor rotection (Prohibited Employment) Act 19 person.		•
Do you give your approval for a F conducted?	Yes	No	
If the answer is no, please state	why:		
	ails of three (3) personal referees. You care they will be		
Name	Relationship		
Address	Home PH		
	Work PH		
	Mobile PH		
Name	Relationship		
Address	Home PH		
	Work PH		
	Mobile PH		
Name	Relationship		
Address	Home PH		
	Work PH		
	Mobile PH		

## **RESPONSIBILITY FOR PERSONAL HEATH, SAFETY & PROPERTY**

Country Hope cannot accept responsibility for my own safety, health or personal property. I will not make any claim on Country Hope or staff or other volunteers for injury, ill health, loss or damage of my personal property, unless caused by Country Hope negligence and I agree to release Country Hope from all obligations arising from any such loss or damage. Signature Date PRIVACY & PERSONAL INFORMATION Your personal information and privacy is protected by law. Country Hope shall take all reasonable steps to protect your rights. However, in the course of assessing both you and your application it may be necessary for Country Hope to divulge some of the information contained in this application to other persons or organisations (including referees) for the purpose of determining your suitability. All reasonable care will be taken to preclude others from unnecessarily divulging such information. By signing this application you are waiving your rights under the privacy laws but only to the extent indicated above. I acknowledge and consent. Signature Date DECLARATION AND SIGNATURE I declare that the information I have provided on this form is true and correct (at the time of completion) and agree to update Country Hope if any of my details change. Signature Date **OFFICE USE ONLY** All sections completed and signed? Separate supplementary forms completed and attached? Media Release Form Child safety Code of Conduct Form **Confidentiality Agreement**