

VOLUNTEER DETAILS FORM

PRIVACY STATEMENT

The details you provide to us will only be used for the purpose for which they were provided, that is; all processes related to pre-volunteering, volunteering and post volunteering.

They will not be used for any other purpose without your consent. The organisation has systems in place to ensure personal and confidential information is safe guarded against loss, unauthorised access, modification or disclosure.

PERSONAL DETAILS

Title: Mr Mrs Miss Ms Other

Surname: **Given names:**

Preferred Name: **Date of Birth:**

Language/s Spoken: **Commencement Date:**

Type of Volunteering:

Eg: driving, ministry, entertainer, visitor

Availability: Daily Weekly Fortnightly Monthly Other (specify)

Monday Tuesday Wednesday Thursday Friday

CONTACT DETAILS

Address:

Phone: **Mobile:**

Email:

EMERGENCY CONTACT DETAILS

Surname: Given names:

Relationship:

Address:

Phone: Mobile:

Email:

DOCUMENTARY EVIDENCE:

Initial Discussion / Informal Chat Date:

Met with:

Drivers License No: Expiry Date:

Bus License No: Expiry Date:

National Police Check
Date of Issue: Reference No:

Confidentiality Agreement: Date Signed:

Statutory Declaration Form: Date Signed:

Induction/Orientation
Checklist Returned: Date Signed:

POLICIES & PROCEDURES (READ AND UNDERSTOOD)

Volunteer Handbook Signed and Returned:

Date:

Infection Control:

Date:

Mandatory Reporting/Elder Abuse:

Date:

Suspected Missing Consumer:

Date:

WH&S Policy and Procedure:

Date:

Manual Handling Policy and Procedure:

Date:

VOLUNTEER HEALTH:

| Vaccination: | Last Administered: | Comments: | Due Date: |
|--------------|--------------------|-----------|-----------|
| Tetanus | | | |
| Hepatitis B | | | |
| Influenza | | | |
| COVID | | | |

Have you had chicken pox, shingles or vaccination for either?

Yes

No

ADDITIONAL INFORMATION / COMMENTS:

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