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| **Volunteer Application Form** |
| **Full Name** |  |
| **DOB** |  | **Gender** | [ ]  Male [ ]  Female |
| **Address** |  |
| **Contact Number** |  | **Mobile** |  |
| **Email address** |  |

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| Why are you interested in volunteering with William Campbell Foundation?  |
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| What is your current availability?  |
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| Please provide details about any previous experience in volunteering |
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| **Referee Check** |
| Please nominate a person to provide a character reference on your behalf. This person should not be an immediate family member or partner/spouse. It is recommended that you consult with this person before submitting this form. |
| Name |  | Contact Number |  |
| Relationship |  |

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| **Information Requirements and Probity Checks** |
| Prior to commencement, all Volunteers are required to provide:* A copy of their current resume
* A current Working with Children Check number for verification
* A National Police Check, no older than 12 months, for verification
* A current NDIS Worker Check number
* 100 points of identification documentation (including a photo ID card such as a Driver Licence)

On commencement with William Campbell Foundation, all volunteers are required to:* Accept and agree to abide by WCF’s Code of Conduct.
* Accept and agree to abide by WCF’s Confidentiality Agreement
* Conduct themselves within a manner consistent with the agency’s vision and values (which can be found on the WCF website) at all times.
* Follow the direction of the responsible staff member at all times.
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| **Declaration** |
| [ ]  | I acknowledge that prior to commencement, all potential volunteers with William Campbell Foundation are required submit the completed form and the agency will notify me when there is a potential volunteer position available. |
| [ ]  | I agree that I have no pre-existing health condition or injury that may put me or any other parties at risk while fulfilling the tasks granted to me in my volunteer position with William Campbell Foundation.  |
| [ ]  | I understand that any allegations of Reportable Conduct that are raised against me, while I am an approved volunteer with William Campbell Foundation, will be managed by the agency in line with the *Office of the Children’s Guardian Act 2019* (NSW).  |
| [ ]  | I declare that I know of no past behaviour that renders me unfit to volunteer for William Campbell Foundation or that poses a risk to Children and Young People. |
| [ ]  | I agree to seek clarification if I have any questions regarding this application or my volunteering position within William Campbell Foundation.  |
| [ ]  | I consent to the information contained in this application including the subsequent pages to be kept by William Campbell Foundation. I understand that this information will be kept in a confidential file and used only for screening and disciplinary purposes.  |
| **Applicant**  |
| Signed |  | Date |  |
| Name |  |
| **Parent / Guardian (Where the applicant is less than 18 years old)** |
| Signed |  | Date |  |
| Name |  |