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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? | | | |
|  | | | |
| What is your current availability? | | | |
|  | | | |
| Please provide details about any previous experience in volunteering | | | |
|  | | | |
| **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. | | | | |
| **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 | |  | | |