newhope community care

Volunteer Worker Application Form

Today's Date:

Your details

First Name:	Surname:
Address:	
Suburb:	Postcode:
Email address:	Mobile:
Are you known by any other name? If so, please list	
Do you attend Newhope Baptist Church: ⬜ Yes ⬜ No	

Emergency contact details:

Name:	Relationship to you:
Daytime Phone:	Mobile:

Volunteer application information

What area would you like to volunteer in:
Why would you like to volunteer in this area?
Specific role you are applying for (if applicable):
Please describe your skills and experience in this area:
How would you describe your personality:
Please describe your strengths and weaknesses:

Other required information

Do you speak a language other than English? ⬜ Yes ⬜ No If yes, please specify:
Do you have a disability, medical condition, illness, disease or pre existing injury that may affect you from performing all the duties of the role you are applying for? ⬜ Yes ⬜ No If Yes please specify: *We may require you to obtain a doctors clearance before commencing in this role.
Do you have a current Police Check (within 6 months)? ⬜ Yes (please attach) ⬜ No

Do you have a current Working With Children Check? ⬜ Yes (please attach) ⬜ No

References:
Please provide two referees that we can call to provide feedback on your good character and suitability for volunteering. Referees can be a pastor, manager, ministry team leader, employer or other suitable person (must be over 18 years old).

Referee 1	*Referee 2*
Name :	Name:
Position:	Position:
Daytime Phone:	Daytime Phone:
Mobile:	Mobile:

Declaration:

- I confirm that the information that I have provided on this form is true and correct to the best of my knowledge.
- I understand that NewHope Community Care (NHCC) may contact my references and I release any person or organisation that provides information from liability.
- I understand that I must submit to a Police Check and Working With Children Check where necessary.
- I understand that this position is voluntary and I will not be receiving payment or wages as a result of my volunteering.
- I agree that I will not exchange phone numbers, give my home address, or contact clients outside of the volunteer role / agreement and abide by client privacy policies.
- I understand that NHCC is a Christian organisation and as a volunteer I agree to uphold its principles and standards.
- I am happy to receive information about volunteering opportunities relevant to my role as a volunteer.
- I am also happy to receive occasional information about courses and events being held at NHCC, NewHope Baptist Church (NHBC) and its partners. (As part of this agreement, NHCC and NHBC will not pass your details to any other person, group or partnership organisation, but send you information on their behalf if we feel it is beneficial to your role as a volunteer).
- I give permission for NHCC to take photographs and use images of me for promotional material.
- NewHope Community Care is committed to protecting personal privacy. The information on this form is needed, and will only be used for the purpose of providing you with the requested services or program. Our complete Privacy Policy is available at http://newhope.net.au/privacy.php or upon request.

Signature:	Date:

Thank you for your application for a volunteer role within NHCC. Your application will now be assessed and we will contact you shortly to advise the outcome and/or next steps in your application process.

Office use only:

Staff Member processing application:	
Signature	Date:
Has this staff member been screened to work across all areas of NHCC ⬜ Yes ⬜ No	