

## Volunteer Application

### Strictly Confidential

The volunteer form is a source of information, which will be used by OneCare to assist us in considering your suitability. Failure to supply the information requested will prejudice OneCare's ability to assess your suitability.

Given the nature of our business, we wish to advise all candidates that volunteering with OneCare is subject to the provision of a National Police Check.

Thank you for your interest in volunteering with OneCare.

<b>Personal Details</b>	
First Name(s):	Surname:
Preferred Name:	
Address:	
Home Phone:	Mobile:
Email:	
Do you hold a current Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers License type and number:	
Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Language(s) Spoken:	
Age (Please tick):	
15-19	20-24
25-34	35-44
45-54	55-64
65+	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<b>Availability Details</b>	
Current work status:	
<input type="checkbox"/> Paid Full Time Employment	<input type="checkbox"/> Paid Part Time Employment
<input type="checkbox"/> Unemployed	<input type="checkbox"/> On Workers Compensation
<input type="checkbox"/> Retired	<input type="checkbox"/> Student
<input type="checkbox"/> Currently Volunteering	<input type="checkbox"/> Home Duties

<b>Volunteer Location:</b> <input type="checkbox"/> Bishop Davies Court, Kingston <input type="checkbox"/> Barossa Park Lodge, Glenorchy <input type="checkbox"/> The Manor Complex, Kings Meadows <input type="checkbox"/> Rubicon Grove, Port Sorell <input type="checkbox"/> Umina Park, Burnie		
<b>Days available:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Times Available:</b> <input type="checkbox"/> 9AM <input type="checkbox"/> 10AM <input type="checkbox"/> 11AM	<input type="checkbox"/> 12PM <input type="checkbox"/> 1PM <input type="checkbox"/> 2PM	<input type="checkbox"/> 3PM <input type="checkbox"/> 4PM <input type="checkbox"/> 5PM
<b>What are your interests and hobbies?</b> <input type="checkbox"/> Crafts <input type="checkbox"/> Reading <input type="checkbox"/> Playing an Instrument <input type="checkbox"/> Art (painting/drawing) <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Exercise/Physical Therapy <input type="checkbox"/> Conversing with others <input type="checkbox"/> Writing <input type="checkbox"/> Building <input type="checkbox"/> Knitting/Crocheting <input type="checkbox"/> Gardening <input type="checkbox"/> Dancing <input type="checkbox"/> Singing		

<b>General</b>
<p>Do you have any family members living or working at a OneCare site?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details:
<p>Do you have a disability or medical condition that might prevent you from safely doing certain types of work?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details:
<p>Why would you like to be a Volunteer with OneCare?</p> <input type="checkbox"/> Community Involvement <input type="checkbox"/> Work Experience <input type="checkbox"/> To be active/keep busy <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Social Interaction <input type="checkbox"/> Make a positive contribution <input type="checkbox"/> Personal Satisfaction

Do you have any skills/training/experience that may assist with Volunteering? (ie. Bus License)

### Referees

Please provide the details of your most recent supervisor and a person who has known you for more than 5 years; who have agreed to be referees and who can be contacted. By completing this section, you are giving permission for OneCare to contact your nominated referees to provide information relevant to your application

Name	Company	Position	Contact Details	Type of Referee
				<input type="checkbox"/> Direct Supervisor <input type="checkbox"/> Personal
				<input type="checkbox"/> Direct Supervisor <input type="checkbox"/> Personal

### Workers Compensation Claims

A previous worker's compensation claim is not a barrier to the consideration of an application for volunteering with OneCare. This information assists us in assessing opportunities for your placement in an appropriate environment.

Have you ever made a claim for Worker's Compensation?

Yes
  No

Please provide details:

### Criminal Clearance

Employment with OneCare is subject to the provision of a satisfactory National Police Check as required under the Aged Care Act 1997.

A criminal record does not necessarily disqualify an applicant. If rejection of your application is considered solely because of a criminal record, you will be given the opportunity to discuss the matter fully and confidentially with a senior member of staff before a decision is made.

Do you have any convictions for any offences from any court?

- Yes  No

Please provide details:

Do you have any charges pending before any court?

- Yes  No

Please provide details:

Are you prepared to produce a National Police Check prior to accepting an offer to volunteer with OneCare?

- Yes  No

### Emergency Contact Details

Please provide the details of two emergency contacts you would prefer we contact in an emergency

First Name(s): Surname:

Relationship: Mobile:

Address:

First Name(s): Surname:

Relationship: Mobile:

Address:

### Declaration

I declare that the statements I have made and the information I have given are true to the best of my knowledge and belief. I have not withheld any relevant information required by this application, or made any false or misleading representations.

I acknowledge that if I have knowingly or wilfully given false or misleading information or have withheld any information, it could result in:

- Rejection of my application;
- Legal proceedings against me; or
- Dismissal after my appointment.

**Applicant Signature:**

**Date:**