

# VOLUNTEER APPLICATION FORM

Personal Details							
Title:		Family Name:		First Name:			
Street Address:				Suburb:		State:	
						Postcode:	
Telephone:	Home:		Mobile:		Work:		
Email Address:							
Birth Country:				Date of Birth:			
Do you have a current Driver's Licence?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Rights:	<input type="checkbox"/> Australian Citizen Australian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Citizen holding a valid visa with no restriction to volunteer						

Availability to Volunteer							
No. Hours/Week:				Start Date:			
Preferred Days:	Monday am <input type="checkbox"/> pm <input type="checkbox"/>	Tuesday am <input type="checkbox"/> pm <input type="checkbox"/>	Wednesday am <input type="checkbox"/> pm <input type="checkbox"/>	Thursday am <input type="checkbox"/> pm <input type="checkbox"/>	Friday am <input type="checkbox"/> pm <input type="checkbox"/>	Saturday am <input type="checkbox"/> pm <input type="checkbox"/>	Sunday am <input type="checkbox"/> pm <input type="checkbox"/>
Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Fixed Period						

Skills and Qualifications	
Formal Qualifications: (eg. Diploma, Degree, Trade Certificate etc)	
Other Training/Certification: (Eg First Aid, Advanced Driving etc)	
Computer Skills:	
Language Skills	Do you speak any languages other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes – please list them:

Employment and/or Volunteering History	
Have you worked for MMRC before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was your most recent paid position/volunteer role?	Position: Organisation:

Security Checks	
The requirement for becoming a volunteer for MMRC is that the applicant agree to undertake police check and working with children check (WWCC) at their own cost. Do you agree to this?	National Police Check <input type="checkbox"/> Yes <input type="checkbox"/> No
	WWCC <input type="checkbox"/> Yes <input type="checkbox"/> No

Referees	
Please provide the contact details of two people who are not family members who are willing to act as referees.	
<u>Referee 1</u>  Name:  Relationship:  Mobile:  Email:	<u>Referee 2</u>  Name:  Relationship:  Mobile:  Email:

Medical Information:	
MMRC has a duty of care to protect your health and/or safety while you are a volunteer.	
Do you have an existing medical disability/condition/injury? <i>Please provide details</i>	
Do you take any medication that may affect your work? <i>Please provide details</i>	

### Declaration

By completing this application for volunteering with Metropolitan Migrant Resource Centre, I acknowledge that:

1. This is not an offer of employment
2. I have read and understood the Service Principles and agree to uphold these principles in my dealings with refugees
3. I authorise MMRC to contact my nominated referees, as required
4. I have completed the personal particulars and consent form for police check and Working with children card and I understand that these checks are necessary before my application as a volunteer can be accepted by MMRC
5. I must maintain a valid police check and/or Working with Vulnerable Persons /Children Check as a condition of volunteering. Should my circumstances alter, I will advise MMRC
6. I will provide copies of any requested and/or relevant qualifications, visa, registration, insurance, identification or licenses prior to commencing volunteering
7. I will provide evidence of eligibility to work in Australia prior to commencement. If I am a non-citizen, my work rights that may affect my volunteering are subject to verification with Department of Immigration and Border Force. Should this alter, I will inform MMRC
8. If my application for volunteering is successful, I will be bound by and at all times observe and respect all policies, procedures, terms and conditions of volunteering as provided to me during induction and orientation and as varied from time to time
9. I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.
10. I agree to undertake training and attend information sessions where necessary to enhance my capabilities as a volunteer under HSS program

I hereby declare all information given by me in this application is true and correct in every detail. I have not knowingly withheld any circumstances or facts that would, if disclosed, may affect my application. I understand I may be subject to disciplinary action or dismissal should any part of the information I have given, later be found to be untrue.

Signature:	Date:
------------	-------

### Privacy Statement

*Metropolitan Migrant Resource Centre abides by the National Privacy Principles in all its dealings with members, volunteers and the public. The personal information you have provided will help us process you as a valued volunteer with our organisation and will be treated as confidential. Your personal details will not be given to any external organisation without your permission.*

Please email this form, and your resume to [volunteer@mmrcwa.org.au](mailto:volunteer@mmrcwa.org.au)