

Volunteer Application

Thank you for your registering your interest in becoming a Volunteer with Kindred Living, please return this completed application to:

Kindred Living - Volunteering
25 Newton Street
Whyalla SA 5600

What's next

Upon receiving your application, Volunteer applicants will be contacted by the Lifestyle & Volunteer Coordinator to arrange a suitable time for an interview. All potential Volunteers will undergo an interview, and complete a formal orientation and training program.

Legislative requirements

Kindred Living, as the approved provider, will not allow a person to become a volunteer unless they are satisfied that there is a police certificate that is dated not more than 12 months before the day on which the person first becomes a volunteer; and the police certificate does not record that the person has been;

- (a) convicted of murder or sexual assault; or
- (b) convicted of, and sentenced to imprisonment, for any other form of assault.

For health, safety and security reasons, Volunteers will not commence any voluntary work unless they have completed an Orientation to the organisation and an on-floor orientation.

Surname		Given Name	
Address			
Telephone	Home:	Work:	Mobile:
Email			
Date of Birth			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Country of birth			
Do you speak any languages other than English?			
Are you on paid or unpaid Sick/Carers leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you on Return to Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you hold a current driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Do you use public transport (please indicate type) _____		



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Reason for seeking voluntary work in this organisation.	<hr/> <hr/> <hr/>
How did you hear about us?	<hr/> <hr/> <hr/>
Were you referred to us? If so who referred you?	<hr/> <hr/> <hr/>
What is your current employment status e.g. student, home duties, unemployed, retired, etc.	<hr/> <hr/> <hr/> <hr/>
What are your interests, hobbies and skills?	<hr/> <hr/> <hr/> <hr/> <hr/>
Do you have a disability or medical reason why you would be unsuited to some areas of voluntary work or which may affect your ability to perform some Volunteer tasks?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes please state: <hr/> <hr/>

If you answered yes to any of the above, a medical clearance must be provided stating ability to perform position requirements.

VERIFICATION STATEMENT

I, _____ hereby certify that all information included in this application form is true and complete. I understand that incomplete applications will not be considered, and that providing false information is grounds for immediate disqualification from the application process, or even immediate dismissal if the falsehood is discovered after appointment to the Volunteer Program.

Signature		Date	
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OFFICE US ONLY

Date Received		Received By	
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