



STREET ANGELS

VOLUNTEER

REGISTRATION FORM

PO Box 631, Buddina, Qld. 4575
Phone: (07) 5437 9499 Fax: (07) 5437 9399
Email: rduce@community-solutions.com.au
Web Site: www.streetangels.org.au

Please note – This form is to be completed by the Volunteer and returned to the Volunteer’s Supervisor. Once details are confirmed this form should be forwarded to Executive Services for processing.

Volunteer’s Full Name:	
Project Name:	Street Angels
Commencement Date:	<input type="checkbox"/> Ongoing <input type="checkbox"/> End Date _____
Hours per Week: _____ <input type="checkbox"/> N/A	Supervisor: Ritchie Duce (Street Angels Manager)

1. CHECK LIST

Have you included?

- Yes No N/A Photocopy of your driver's licence (*Refer to Section 3a*)
- Yes No N/A Photocopy of your Blue Card (*Refer to Section 5c*)
- Yes No N/A Photocopy of Vehicle Insurance details (*Refer to Section 3f*)
- Yes No N/A Additional details provided where applicable

2. VOLUNTEER DETAILS

Name: _____

Address: _____

Suburb/Town: _____ **Postcode:** _____

DOB: _____ **Email:** _____

Phone: _____ **Mobile:** _____ **Facsimile:** _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____ **Telephone: (Bus)** _____

(A/h) _____

(Mobile) _____

3. LICENCE AND VEHICLE DETAILS

Your volunteer position with Community Solutions Inc. may require the use of your motor vehicle or a motor vehicle provided to you by the organisation. Please provide the following details.

- a) Do you hold a current Australian drivers licence? Yes No

Which State? _____ Class: _____ Date Obtained: _____

Licence Number: _____ Expiry Date: _____

(Please provide photocopy of your licence – see checklist on first page)

- b) Have you had any accidents during the last five years? Yes No

If yes, please provide details *(date and details of accident including value of damage)*:

- c) Have you been charged or convicted of any offence relating to the use of drugs, alcohol or any criminal offence? Yes No

If yes, please provide details _____

- d) Have you been charged with any traffic offences (excluding parking offences) or lost your licence during the last five years? Yes No

If yes, please provide details _____

4. HEALTH

Under Workplace Health and Safety Legislation, we are required to ensure that all volunteers are physically able to perform those duties allocated to them in a healthy and safe manner. Similarly, you have a duty of care to advise us of any condition that may affect your capacity to work in a healthy and safe manner. To ensure that volunteers are not placed in positions or given duties which may cause current or previous medical conditions to worsen or reappear, or for which they are not suited due to the requirements of the position, you are requested to provide the following information -

Do you have any disability, medical condition and/or special needs that may need to be addressed and that may affect your ability to safely and competently perform the tasks of the position of which you are being employed? **Yes/No** (please circle)

If yes, please provide details:

		Yes/No	Details
Have you suffered from any of the following conditions?	Asthma		
	Heart condition		
	Dermatitis		
	Epilepsy		
	Back injury		
	Limb injury		

Have you had any serious illness, medical procedures or operation(s) in the last 2 years that may have relevance to your role or the performance of work duties?	Yes / No	Details	
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Have you ever received workers' compensation?		Details	
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Do you have any allergies?	
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Emergency Contact Person	
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Phone number	
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Address	
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I understand the physical tasks likely to be required of me during my employment and acknowledge that I foresee no problems performing such tasks due to any existing health or medical conditions referred to above.

Volunteer signature		Date	
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5. REGISTRATIONS

a) Are you a member of any organisation or association that may be relevant to your role or the operation of the organisation?

Yes No *If yes, please provide details:*

b) Do you have a current Blue Card?

Yes *(please provide details below)*
 No

c) Does your volunteer position require you to hold a Blue Card?

Yes *(application to be provided if Blue Card required)*
 No

Cardholder Name	Registration Number	Expiry Date

d) Do you consent to a Criminal Record Check being carried out if required?

Yes
 No

e) Do you have current First Aid qualifications?

YES *(attach copy of certificate)*
 NO

CPR Expiry Date	SFA Expiry Date

6. SKILLS AND INTERESTS

Please list any skills you possess that you think the organisation could utilise (eg, computer, administration, building, art).

Why are you interested in becoming a Community Solutions Inc. volunteer?

6. PRIVACY NOTICE

Community Solutions Inc will now hold personal information you have provided on its human resources database and files. The organisation will use the personal information you have provided for the purpose of volunteer administration. You acknowledge that Community Solutions Inc may disclose the personal information to any related entities for the purpose of volunteer administration. Community Solutions Inc may disclose the personal information for another purpose:

- with your consent;
- to prevent a serious threat to your health or life or that of another person;
- as required or authorised by law;
- where reasonably necessary for the enforcement of criminal or revenue law.

You have access to the personal information held by Community Solutions Inc about you. You must advise your Supervisor or Executive Services of any changes to your personal information so that Community Solutions Inc can ensure that the information is accurate, up to date, complete and complies with relevant legislation.

By submitting this form, I certify that to the best of my knowledge, the foregoing statements and information given by me are true. I understand that any misrepresentation or omission by me herein will be sufficient cause for termination of my employment. I also authorise any investigation of the above information for purposes of verification.

Volunteer signature	
Date	