



ARTHRITIS FOUNDATION SA
 118 Richmond Road
 MARLESTON SA 5033
 Ph 08 8379 5711
 Fax 08 8379 5707

VOLUNTEER APPLICATION FORM

Please be assured that information given will be treated with strict confidentiality.

Mr Mrs Ms Miss Other SURNAME:

GIVEN NAMES:

ADDRESS:

.....POST CODE

Telephone (H) (M)

E-mail

Date of Birth: / / Gender: M F

Which area/s would you like to be involved in? (Please circle)

- **Administration**
Data entry, sending emails, photocopying, mail outs
- **Book Shop (open 1st Saturday of each month)**
Sorting books ready for sale, assisting in the store when open
- **Helping to raise funds**
Selling Telethon Lottery Tickets, Collecting on Badge Day
- **Kidsflix**
Assisting with activities on Movie Days supporting special needs children and their families

Other (please specify):

AVAILABILITY

Which day/s, time/s do you have available for your volunteer commitment? (* occasional only)

| | Monday | Tuesday | Wednesday | Thursday | Friday | * Saturday | * Sunday |
|----|--------|---------|-----------|----------|--------|------------|----------|
| am | | | | | | | |
| pm | | | | | | | |

Are you available on a regular basis? YES NO

How did you hear about our Volunteer Program? _____

Have you been a volunteer before? YES NO

If yes, please list your most recent role / tasks:

Please indicate your SKILLS, HOBBIES AND INTERESTS relevant to volunteering here:

Reasons for applying to volunteer at Arthritis SA? _____

a) What do you feel you have to offer? _____

b) What do you hope to gain? _____

Is this Application for voluntary work part of another scheme such as a Centrelink Agreement or a Return to Work Program? YES NO

If yes, please supply details: _____

MEDICAL / DISABILITY INFORMATION:

Do you have a medical condition or disability, which may affect the type of volunteer work being undertaken? -----Yes-----no. If yes please specify _____

Do you take any prescribed medication in relation to a specified medical condition? -----Yes-----no. If yes, please specify _____

Do you have any special needs to assist you to be involved at Arthritis SA?

-----Yes-----no. If yes, please specify _____

Your main form of transport is?-----public-----private. (Comprehensive insurance? -----
Yes-----no)

Emergency Contact Details

In the event of an emergency, every effort will be made to ensure your well being. If necessary, an ambulance will be called at your expense. You will be responsible for any treatment sought on your behalf.

Contact in case of an emergency:

1) Name _____
Address _____
Telephone numbers (H) _____ (W) _____
(M) _____
Relationship to you _____

2) Name _____
Address _____
Telephone numbers (H) _____ (W) _____
(M) _____
Relationship to you _____

Referees:

Please give the name and telephone number(s) of 2 people, other than family and friends, who may be contacted in connection with this application.

| <i>Name</i> | <i>Position/Title</i> | <i>Telephone Nos.</i> |
|-------------|-----------------------|-----------------------|
|-------------|-----------------------|-----------------------|

1. _____

2. _____

Privacy:

Do you have any objection to your name and/or photograph being printed in any Arthritis Foundation of SA Inc. publication, such as the Member's magazine, a brochure or Annual Report? Yes No

Privacy principles

The Arthritis Foundation of South Australia (AFSA) is committed to protecting your privacy. AFSA supports and is bound by the Privacy Amendment (Private Sector) Act 2000 and the National Privacy Principles.

A copy of the National Privacy Principles can be found at
<http://www.privacy.gov.au/publications/npps01.html>

(Taken from AFSA-Privacy Policy doc 1. Please refer to the document in full for more information)

Confidentiality:

As a volunteer you may have access to personal information about clients/customers. The privacy rights of clients need to be respected and the following guidelines are designed to protect this right.

No information about clients/customers, including their identity, is to be given to any person or agency outside of Arthritis SA without the permission of Arthritis SA and the client unless there is a legal requirement to do so. These matters should be discussed with your Supervisor.

Sharing of information should be limited to those staff members and volunteers with whom there is a need to discuss any details and consideration needs to be given to the privacy of the environment in which any such discussion occurs.

Volunteers shall not during their time with Arthritis SA or after leaving the organisation, use or disclose any confidential information for any purpose other than where such use or disclosure is authorised by Arthritis SA.

Volunteers have an identified staff member, or the Volunteer Co-ordinator, available to them to discuss any queries or voluntary work related matters, to debrief and discuss relevant policies and procedures.

If you are in doubt, please ask!

Statement of Agreement:

- ✓ I certify that to the best of my knowledge, the above details are correct and complete.
- ✓ I also understand and agree to abide by the rules and direction of the AFSA`s Policies and Procedures and direction of Staff and will endeavour to:
 - Take reasonable care of my own safety and that of others at work.
 - Feedback any matter or issues that give cause for concern as soon as possible.
 - Notify any hazard and report any injury to myself or to others as soon as practical to my Staff contact.
 - I understand all information obtained will be treated in confidence, which will be available only to authorised Staff or Volunteers. *Yes, I have read the Confidentiality paragraph above.*

Police Checks:

I acknowledge that I may be asked to authorise and undergo a Police Personal History Record Check if the AFSA deems it necessary.

Signature: _____

Date: _____

Office Use :

Date application received: _____

Application forwarded to Manager: _____

Staff Reply Date: _____

Information explained: Position available Waiting List
 Other (explain) ***Follow-up Notes (SEE OVER)***