



Office Use only

Application Received by: _____ Date: _____

Volunteer Registration Form

(All information is private and confidential)

Mr / Mrs / Miss / Ms _____
FIRST NAME SURNAME

Address: _____

Postcode: _____

Hm Ph: _____ Wk: _____

Mob: _____ Email: _____

Date of Birth: _____ Country of Birth: _____

Other Languages Spoken: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Mobile: _____

How did you hear about volunteering at NRCA: _____

Referees

1. Name: _____

Organisation / Relationship: _____

How long have you known each other / worked together: _____

Ph: _____ Mob: _____

Email: _____

2. Name: _____
 Organisation / Relationship: _____
 How long have you known each other / worked together: _____
 Ph: _____ Mob: _____
 Email: _____

Previous Volunteer Work

Organisation	Year	Role	Contact (Name & Number)

As an NRCA volunteer, you will be required to carry a photo ID and undergo a criminal check and a working with children check.

Do you consent to NRCA using your photograph for:-

Photo ID Promotional Materials (eg Newsletter)

Do you consent to NRCA conducting a criminal record check:-

Yes No

Do you consent to NRCA conducting a Working with Children check:-

Yes No

Do you have a current first aid certificate?

Yes No

Date of certification: _____

How often are you available? (Please tick)

Once a week Once a fortnight
 Twice a week Once a month
 Other-Please Specify: _____

Days / Times available:

- Monday** Time: _____
- Tuesday** Time: _____
- Wednesday** Time: _____
- Thursday** Time: _____

- Friday** Time: _____
- Saturday** Time: _____
- Sunday** Time: _____

Weekend work is emergency assistance only

AREA(S) OF INTEREST (Please Tick)

Assisting Social Groups

- Monday Knitters & Crochet Group (1pm – 3pm)
- Tuesday 'Silver Tops' Lunch Group (11.30am – 2.30pm)
- Wednesday MEN ONLY 'Old n Bold' Lunch Group (11.30am – 2.30pm)
- Thursday 'Mix n Mingle' Tea Group (9am – 12.30pm)
- Assisting with ad hoc group outings
- Assisting with 1 or 2 Monthly Armenian client social outings

Office Assistance

- General office work
- General administrative work
- Newsletter distribution walkers
- Assisting with Fundraising
- Computer Workshop Trainer
- Emergency Food Parcel Program

Linen Service

- In a team of two, making clients' bed with clean linen (fortnightly)

Shopping Program

- Shopping with the client or shopping for them using a list.

Volunteer Visiting Program

- Visiting elderly and/or isolated clients in their home

Multicultural Mother's Group

- Assisting mothers from different cultural and language backgrounds to assimilate

Social Support Program (aka Neighbour Aid)

- Driving to medical appointments
- Minor home maintenance and repairs
- Light gardening tasks

Special Occasions

- Christmas Tree of Joy
- Christmas Hamper Delivery
- Guessing Competition Ticket Sales

Do you speak any languages other than English? If yes, please list languages:

Do you have any other skills that might be useful for volunteer work?:

What are your interests and hobbies: _____

Is there any medical condition that NRCA needs to be aware of to ensure your safety in the workplace or which might affect your volunteer work? If yes please provide relevant information: _____

For Volunteer Drivers

Car registration number: _____	Expiry date: _____
Drivers license number: _____	Expiry date: _____
Compulsory Third Party Company: _____	Expiry date: _____
Comprehensive Insurance? Company: _____	Expiry date: _____

Have you ever had a driving conviction? _____

As a condition of your volunteering it is necessary that you agree to the following:

I agree to:

- Attend one compulsory orientation training session.
- Attend additional volunteer training sessions as recommended by the Centre Coordinator.
- Read and comply with NRCA's Volunteer Policy & Code of Behavior.
- Read and comply with NRCA's Volunteer Rights & Responsibilities
- Adhere to NRCA's objectives, whilst I am a volunteer.
- Treat any information regarding clients as confidential.
- Accept direction from NRCA staff.
- Accept responsibility for my own car insurance.

- Withhold my telephone number and address from clients
- Use good hygiene practices as directed by training and staff to minimise my risk of contracting or passing on infections through contact with clients.
- Undergo a police check/criminal record check.
- Report all incidents/accidents immediately and provide written report within 24 hours of the event to a staff member.

Signature: _____ **Date:** _____

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Interviewed by: _____ **Date:** _____

1 Reference checked by: _____ **Date:** _____

Comments:

2 Reference checked by: _____ **Date:** _____

Comments:

Details entered on database: _____ **Date:** _____