

Volunteers

Application Form

Please email to stepheng@lyndoch.org.au or send to Stephen Grigson, Community Engagement Coordinator, Lyndoch Living, Hopkins Road, Warrnambool Vic 3280

Name (include a title if preferred)	Date of Birth
Address	
Town	Postcode
Phone	Email

Emergency Contact Details

Name	
Relationship to Applicant	
Phone 1	Phone 2

Skills and Interests

Please list any skills or qualifications you have

Describe any interests or hobbies

Have you had any experience working as a volunteer before?

YES NO

What would you like to gain from volunteering?

Application Form continued overleaf

Availability to Volunteer

Please indicate below when you might be available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

Are you prepared to be called on if needed? Yes No

Are you willing to attend education and training days? Yes No

Health Information

Are there any health issues (physical or medical conditions) that may either prevent you from performing particular types of activities, or that you think we should be aware of? You may be asked to provide information about medication you are currently taking.

Confirming your Suitability

A legal requirement for volunteering for a not-for-profit organisation is that volunteers undergo a National Police Check. Do you give permission for a Police Check to be made? Yes No

Please provide the names and contact details of two referees below. For example: previous employers, supervisors of work colleagues, club or community group affiliates.

Name	Name
Address	Address
Phone	Phone
Email	Email
Relationship to you	Relationship to you

Authorisation

Signature Date

Thank you for your application

Disability Worker Exclusion Scheme

Consent and Acknowledgment Form (Volunteers)

I am aware that the Department of Health and Human Services (the department) operates a Disability Worker Exclusion Scheme and has a Disability Worker Exclusion List (the List).

I consent to my personal details being provided to the department for the purpose of checking against the List.

I consent to the department collecting personal information and sensitive personal information about me, including information relating to any criminal, disciplinary and employment history of mine, for the purposes of the department compiling and maintaining the List.

I accept that if my name is on or is placed on the List, I will be prevented from being engaged by a disability service provider (as defined in the *Disability Act 2006*) as:

A Disability Worker, being a person engaged by a disability service provider who:

- (i) provides, or supervises or manages a person who provides, direct support to a person with a disability, and*
- (ii) has direct contact or access to a person with a disability*

and excluded from any work at the disability service that falls within the definition of:

Excluded Work being work at a disability service:

- (i) as a Disability Worker, or*
- (ii) that involves regular direct contact with or access to a person with a disability.*

I agree that the department may inform any disability service provider or authorised labour hire agency that has engaged me that I am on the List, or that I am the subject of a Notification by a disability service provider.

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I agree to inform **Lyndoch Living** of the name and address of any other disability service provider I am, or intend to be, engaged by.

All below fields are mandatory.

First Name:	
Middle Name:	
Surname Name:	
Previous Name/s	1.
	2.
	3.
Address:	
Date of Birth:	
Position Title:	<i>Volunteer</i>
Telephone:	
Email:	
Signature:	
Date:	

Please return to the Human Resources Department.

Lyndoch Living and the department are committed to protecting your privacy. **Lyndoch Living** and the department collect and handle personal and sensitive information for the purposes of the operation of the Disability Worker Exclusion Scheme.

In order to manage the Disability Worker Exclusion Scheme, the department may share your personal information with external parties such as other disability service providers.

For more information on the department's privacy collection, please refer to the department's privacy policy or visit our website on www.dhhs.vic.gov.au/privacy

You may request to access your information that is provided to **Lyndoch Living**. **Lyndoch Living** can be contacted on **03 5561 9364** or hr@lyndoch.org.au or you may contact the department's Privacy Unit by emailing privacy@dhhs.vic.gov.au.

Instructions for completing a statutory declaration

Please complete the following form using the notes in the left-hand margin for guidance. More guidance on making statutory declarations can be found at www.justice.vic.gov.au.

When making the statutory declaration the declarant must say aloud:

I, [full name of person making declaration] of [address], declare that the contents of this statutory declaration are true and correct.

Statutory Declaration

VOLUNTEER SCREENING FOR DISABILITY VOLUNTEERS

Insert the name, address and occupation (or alternatively, unemployed or retired or child) of person making the statutory declaration.

I,

make the following statutory declaration under the **Oaths and Affirmations Act 2018**:

do solemnly and sincerely declare that I have fully disclosed in writing to Lyndoch Living, all details of:

Set out matter declared to in numbered paragraphs. Add numbers as necessary.

1. any charges laid against me by police concerning any offence committed in Australia or in another country in the past
2. any offence of which I have been found guilty, committed in Australia or in another country in the past
3. any formal disciplinary action taken against me by any current or former employer
4. any finding of improper or unprofessional conduct by me by any Court or Tribunal of any kind
5. any investigations I have been the subject of by an employer, law enforcement agency or any integrity body or similar in Australia or in another country

and that a copy of my responses to the above issues which I have provided to Lyndoch Living as part of the recruitment process to a position of Lyndoch Living is attached hereto.

I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.

Signature of person making the declaration

Place (City, town or suburb)

Date

Declared at

***in the state of Victoria**

on

*Signature of authorised
statutory declaration
witness*

**I am an authorised statutory declaration witness and I sign this document
in the presence of the person making the declaration:**

Date

on

*Name, capacity in which
authorised person has
authority to witness
statutory declaration, and
address (writing, typing or
stamp)*

A person authorised under section 30(2) of the **Oaths and Affirmations Act
2018** to witness the signing of a statutory declaration.

*The witness must only sign
this section if the person
making the statutory
declaration is illiterate,
blind or cognitively
impaired and the statutory
declaration is read to
them.*

I certify that I read this statutory declaration to *[name of the person making
the statutory declaration]* at the time the statutory declaration was made.

*This section must be
signed by any person who
has assisted the person
making the statutory
declaration, for example
by translating the
document or reading it
aloud. If no assistance was
required, this section does
not need to be completed.*

I certify that I have assisted *[name of the declarant]* by *[insert assistance
provided, for example translating the document]*.

Signed:

Date

On:

*Name and address of
person providing
assistance*

Name and address of person providing assistance: