

# Volunteer Management

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VM-2

## Volunteer Registration Form (for new ongoing volunteers)

### Supervisor Use Only:

Position Description: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Location: \_\_\_\_\_ Supervisor Contact number: \_\_\_\_\_

*UnitingCare Community (UCC) is committed to respecting the privacy of clients and stakeholders, in accordance with the provisions of the Commonwealth Privacy Act (1988), Australian Privacy Principles, Information Privacy Act 2009 and UCC Privacy Policy. Personal information collected by UCC, classified as any information that can be used to identify you including sensitive and health information, is protected under these State and Commonwealth Government privacy laws.*

*UCC requires the collection of personal information in order to manage your voluntary engagement, to keep individuals informed about UCC developments and opportunities and to provide information about UCC services. De-identified Information collected may also be used for reporting and/or statistical purposes. It may also be used to meet legislative requirements and assist UCC to review and improve eligibility requirements, programs and services. Without this information UCC may be unable to process your registration. To access and seek correction of your personal information or to obtain a copy of UCC's privacy policy, or to make a complaint go to [www.uccommunity.org.au](http://www.uccommunity.org.au), email [privacy@uccommunity.org.au](mailto:privacy@uccommunity.org.au), or phone 1800 008 993.*

### Personal Details – fields marked with \* are mandatory

Title: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Surname: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female  
 \*Postal Address: \_\_\_\_\_  
 \*Suburb: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Postcode: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
 Email 1: \_\_\_\_\_ @ \_\_\_\_\_  
 Email 2: \_\_\_\_\_ @ \_\_\_\_\_

UnitingCare Community has insurance to cover all aspects of Volunteer involvement including necessary direct travel to and from voluntary work, provided that the work has been officially organised by and under the control of UnitingCare Community.

The Voluntary Workers Personal Insurance Policy will cover any benefit payment less recovery made from any private health insurance fund. Conditions to the policy include:

- The non payment of the Medicare Gap by Personal Accident Insurance. Medicare Gap is the difference between the cost incurred and the rebate paid by Medicare and such payment is prohibited under The National Health Act, 1953.
- Personal Accident Insurance is limited for Volunteers over 80 and under 15 years old.
- Personal Accident Insurance is not available for Volunteers under 7 and over 95 years of age.

### We must ensure that you can perform the position safely.

\*Have you read and understood the requirements of the volunteer position description (attached)? Yes  No   
 \*Is there any reason why you cannot fulfill the requirements of this volunteer role? Yes  No   
 \*If yes, please indicate how the workplace might be adjusted to overcome any barriers:

\_\_\_\_\_

*It is the Policy of UnitingCare Community to welcome applications from people with a disability. UnitingCare Community will attempt to meet reasonable / appropriate work related requirements of volunteers.*

\*Do you have any pre-existing injuries or medical conditions that may be at risk of aggravation, exacerbation or further injury if you were to perform the requirements of this role? Yes  No  If yes please explain: \_\_\_\_\_

\* Emergency contact/Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \* Phone (business hrs): \_\_\_\_\_ Phone (after hrs): \_\_\_\_\_ Mobile: \_\_\_\_\_

## Volunteer Registration Form VM-2 (pg 2)

In the event of a life-threatening situation, I grant permission for UnitingCare Community to pass on personal information as is necessary to essential services, e.g. Ambulance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Contact Method:  Post  Email

Do you wish to receive information about other volunteer work?  Yes  No

Would you like to receive our Hands Up! Volunteer Newsletter<sup>1</sup>?  Yes  No

### Equal Employment Opportunity Information

Please indicate if you identify as of one of the following groups: (Please tick as many as apply)

- Aboriginal  Torres Strait Islander  South Sea Islander  
 Non English speaking background.  Person with a disability

Providing this information is optional and will only be used for statistical and reporting purposes.

### Area of Interest

Why have you chosen to volunteer for UnitingCare Community?

\_\_\_\_\_

\_\_\_\_\_

Do you speak a language/s other than English? Yes / No If yes, are you interested in using your language skills, for eg, interpreter services, if yes what language/s do you speak? \_\_\_\_\_

Please indicate which of the following volunteer opportunities you are interested in (tick as many as apply). **Please note that not all volunteer opportunities are available in all areas.**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Retail  | <input type="checkbox"/> Administration        | <input type="checkbox"/> Handyman/Maintenance       | <input type="checkbox"/> Telephone Crisis Supporter** |
| <input type="checkbox"/> Truck Offsider  | <input type="checkbox"/> Personal Counselling* | <input type="checkbox"/> Pastoral Care/Ministry*    | <input type="checkbox"/> Fundraising/Events           |
| <input type="checkbox"/> Warehouse Assistant   | <input type="checkbox"/> Community Visiting    | <input type="checkbox"/> Facilitated Training**     | <input type="checkbox"/> PR Marketing                 |
| <input type="checkbox"/> Truck Driver*   | <input type="checkbox"/> Community Recovery**  | <input type="checkbox"/> Working with Young People* | <input type="checkbox"/> Support Worker**             |
| <input type="checkbox"/> Working with People with a Disability** <input type="checkbox"/> Other: _____ |  |   |   |

\* Relevant tertiary or industry qualifications are essential for these roles.

\*\* For these roles, further application & interview process will be required and training costs may be involved.

### Referral Details

How did you hear about volunteering for UnitingCare Community?

- Volunteer Qld  Family/Friend  Event  Customer /Client  Health Reasons  Hands Up  Centrelink/JSA provider  Website: \_\_\_\_\_  Facebook  Seek/GoVolunteer  Twitter  Radio  TV  Newspaper  **Corporate:** Company \_\_\_\_\_  Other: \_\_\_\_\_

School/College: \_\_\_\_\_ If your work is part of your study/mutual obligation, how many hours are required? \_\_\_\_\_

Have you previously or do you currently work/volunteer with UnitingCare Community?  Y  N

If yes, details or employee number: \_\_\_\_\_

### References

\*Please provide details of two referees, ideally professional and not family members:

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work/Mobile Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work/Mobile Phone: \_\_\_\_\_

<sup>1</sup> The Volunteer Newsletter, Hands Up is published using the services of MailChimp®. If you choose to receive Hands Up, your email address, first name and last name will be held by them. To access the MailChimp® privacy policy, visit <http://mailchimp.com/legal/privacy/>

## Volunteer Registration Form VM-2 (pg 3)

### Screening – only complete when directly working with our clients or young people.

Do you have a valid 'Blue' Card?  Y  N Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Card Number: \_\_\_\_\_  
*Blue cards are Queensland Working with Children check.*

Do you have a valid 'Yellow' Card?  Y  N Issue Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Card Number: \_\_\_\_\_  
*Yellow cards are Working with Persons with a Disability check.*

Some voluntary positions may require a National Police Check.

I, \_\_\_\_\_ (print name) have read the above information and declare that I have not been convicted of a disqualifying offence (including a child- related sex or pornography offence, or murder of a child). I do not have any criminal charges pending or against me.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

### Licenses – for positions involving fleet or client transport roles

Do you have a current driver's licence?  Y  N License Type: \_\_\_\_\_ Classification: \_\_\_\_\_

Issued in which State: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### Qualifications – for positions needing specific qualifications

Do you have a related degree or qualification to the volunteer opportunity you selected above?

Issuing Institution: \_\_\_\_\_ Year of Issue: \_\_\_\_\_

Name of qualification: \_\_\_\_\_

Issuing Institution: \_\_\_\_\_ Year of Issue: \_\_\_\_\_

Name of qualification: \_\_\_\_\_

### Signatures

As part of the application process, I understand the following should be noted before my application is submitted:

- Evidence of qualifications and registrations must be provided if required and these will be verified.
- Some voluntary positions may require me to be screened through a National Police Check.
- If I am on a student or tourist visa, I have confirmed I am legally able to volunteer.
- In the event of working with children or people with a disability or the crisis line, a criminal history check will be required.
- UnitingCare Community will use the above details for skill assessment, statistical and placement purposes.
- I understand that I shall not receive payment for the work I have offered to do in a voluntary capacity.
- I may be reimbursed from time to time for expenses incurred where prior agreement has been sought and obtained.
- I understand the limitations of the Personal Accident Insurance for Voluntary Workers and accept the conditions of this policy.

\_\_\_\_\_  
**\*Volunteer Signature**

\_\_\_\_\_  
**\*Date**

For volunteers under 18 years of age, a parent or guardian must also sign and date below:

\_\_\_\_\_  
**Parent/Guardian/Carer Signature**

\_\_\_\_\_  
**Date**

*Office Use*

Approved by \_\_\_\_\_ Date \_\_ / \_\_ / \_\_ Entered on CRM by \_\_\_\_\_ on \_\_ / \_\_ / \_\_