

PERSONAL DETAILS

Name:	DOB:
Address:	
Telephone:	Email:
Emergency Contact:	Relationship:
Telephone 1:	Telephone 2:
Driver's Licence #:	Issued in:
Are you an Australian citizen/permanent resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If not, what type of Visa do you hold?	
Do you have any medical conditions, disability or injury that may affect your performance and or safety in the workplace? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, give details.	
Are you currently on Worker's Compensation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, give details.	
Have you been an Interchange employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, give details.	

YOUR AVAILABILITY

Indicate your availability below. Note: Interchange operates between the hours of 8am and 4pm on weekdays. However, there are occasionally volunteer opportunities at weekends should this be your preference.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Times:							

Any comments:

SKILLS & INTERESTS

Have you ever had any personal and professional experience involving people with disability? Yes No

If yes, please let us know what that was, eg family member, previous employment/volunteering etc.

Current occupation/employment:	Previous occupation/employment:
Completed Education:	
Please list skills, awards, training or any previous experience:	
Have you had experience volunteering before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details.	
Do you have any hobbies or special areas of interest that may assist us to match you with a position?	
Do you speak any other language/s?	
Are you familiar with sign language, eg Makaton/Auslan?	
Where did you hear about Interchange?	
REFERENCES	
1. Name:	Contact Number:
Relationship:	
2. Name:	Contact Number:
Relationship:	
TERMS OF AGREEMENT	
<p>I will:</p> <ul style="list-style-type: none"> • Conduct myself at all times, and especially whilst on duty, in a manner that the organisation and its stakeholders would be proud of. • Carry out duties assigned to me as instructed and will not attempt a task that I am not trained or qualified to do (eg manual handling, medication administration). • Uphold the National Standards for Disability Services, Policies and Procedures of Interchange, and the codes and principles of volunteering in accordance with national body Volunteering Australia. • Notify my line manager of my unavailability as soon as practicable so as to enable alternative arrangements. • Recognise my responsibilities and act at all times as a member of the Interchange team in accomplishing the organisation's mission. 	

PRIVACY AND CONFIDENTIALITY

Over the course of your time volunteering with Interchange you may encounter information regarding customers and their families, staff, volunteers or the business affairs of Interchange. This information is considered to be sensitive and private, with confidentiality expected to be maintained at all times. The manner in which sensitive information is handled and communicated by Interchange is set out in its:

- Privacy, Dignity & Confidentiality Policy; and
- Communications Policy.

Discussion about Interchange and its stakeholders should be general in nature, only. Any comments that identify any individual will be considered a breach of confidence and may result in disciplinary action.

DECLARATION

I, (full name) _____
 hereby declare that the information I have provided on this application is true and correct. I have read the above information concerning my conduct while volunteering with Interchange and will honour the standards required of me at all times.

I can supply a National Police Clearance not older than 3 months old, or am willing to allow Interchange to obtain a Volunteer National Police Clearance on my behalf.

NAME	SIGNATURE	DATE

Please submit your application **Attention: Ryan Burge** to office@interchangewa.org.au