



Volunteer Registration Form

(All information is private and confidential)

Date: _____

Name: 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 for Trans-Help: _____

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)

How often are you available? (Please tick)

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

Days/Times available:

- Monday Time: _____
- Tuesday Time: _____
- Wednesday Time: _____
- Thursday Time: _____
- Friday Time: _____
- Saturday Time: _____
- Sunday Time: _____

AREA(S) OF INTEREST (PLEASE TICK)

Health & Support Unit

- Driving
- Nursing
- Counselling
- Assisting onsite

Office Assistance

- Reception
- General administrative work
- Newsletter distribution
- Computer Trainer
- Data Entry

Linen Service

- Assisting with Laundry when required

Cleaning

- Cleaning of Trans-Help Centre

Working Bee & Maintenance

- Contacted to assist with working Bees when held
- Maintenance (Please specify trade)

Collating

- Periodically assisting in packing information packs

Counselling & Training

- Call Centre Operator (Training Required)
- Preparation of Training
- Online Counselling (Training Required)

Other

- Any Qualifications that you hold (Please provide certified copies)

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 Trans-Help 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:

Do you consent to Trans-Help using your photograph for:-

- Photo ID
- Promotional Materials (eg Newsletter)

For Volunteer Drivers

How many years have you been driving? _____

Have you ever had a driving conviction? _____

If so, reason and when? _____

Have you ever been involved in an accident, if so when?

Have you an interest in taking a Health & Support Unit out on site to Service Stations / Changeover Bays etc?

No.

Yes. (if yes, how often?)

One Day

Overnight

Weekly

On Demand

Other – please indicate _____

Please note: This does not guarantee you will be assigned a Health Support vehicle, it is to ascertain if you are interested and the prospect of being added to a roster system.

Support Network Register.

You are invited to be part of our volunteer support network register. In doing so, you agree to assist a Trans-Help Foundation Client in need in your area. Please indicate where you can assist.

Overnight Emergency Accommodation

Visit at Hospital

Transportation – If so KM Radius from your home town? _____ km

Assist in getting a client to appointment?

Washing

Meal

Note: You will be reimbursed a KM rate for petrol

Area you are located in: _____

Local Hospital: _____

Brief summary of your association or knowledge of the transport industry.

Other

Please provide the following information and a photo ID.

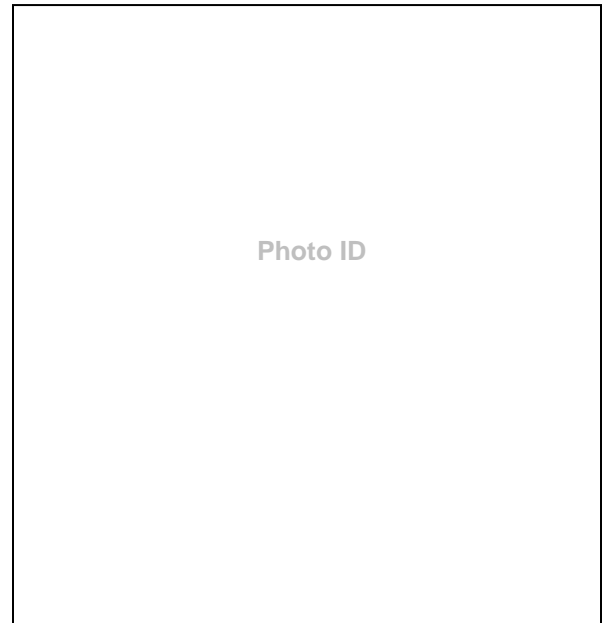
Licence No: _____

Medicare No: _____

Ambulance Cover No: _____

ATTACH

HERE!



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

I agree to:

- Attend one compulsory orientation training session. (the may be arranged to be conducted on line)
- Read and comply with Trans-Help Volunteer Rights and Responsibilities
- Adhere to Trans-Help objectives, whilst I am a volunteer.
- Treat any information regarding clients as confidential.
- Accept direction from Trans-Help 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.
- Refer all problems/accidents within 24 hours of the event to a staff member.

Signature: _____ **Date:** _____

RIGHTS AND RESPONSIBILITIES

VOLUNTEERS HAVE THE RIGHT:

To a position which is worthwhile and satisfying.

To be treated as co-workers.

To work related information, which will assist in performing their task.

To receive a clear Job Description before appointment.

To receive appropriate orientation and on-going training for the job.

To receive support and direction.

To expression and suggestion in planning and decision making.

To be adequately insured.

To have their contributions recognised and valued.

To a safe work environment.

To say "No".

VOLUNTEERS HAVE THE RESPONSIBILITY:

To respect and abide by the Policies and Practices of Trans-Help.

To ensure that all information gained through their volunteer work remains confidential.

To respect the rights of clients with whom they work.

Volunteers have the responsibility to be dependable, punctual and work cooperatively.

To be willing to attend training relevant to their volunteer position and continue the learning process.

To be enthusiastic, loyal and believe in Trans-Help's work.

To maintain clear and open communication at all times.

To give feedback about clients needs and concerns.

To give and receive, both positive and negative, feedback related to Job Performance and Centre Performance.

To notify staff of any concerns with other volunteers and not to raise the issue with the volunteer in question.

TRANS HELP HAVE THE RESPONSIBILITY:

To treat volunteers with respect.

To be aware of the volunteer's preferences, temperament, abilities, education and employment background.

To keep volunteers informed about the organisation.

To provide a Coordinator to supervise and support volunteers.

To provide a Job Description and appropriate volunteer Policies and Procedures.

To provide adequate insurance and a safe work environment.

To recognise the contributions and worth of volunteers.

TRANS HELP HAVE THE RIGHT TO:

To remove a volunteer from the organisation if the volunteer breaches the confidentiality agreement

To assess work performance and to suggest relocation to another task, if necessary.

To make a decision, in consultation with the volunteer, as to where the volunteer would best fit into Trans-Help

To recognise an unsuitable volunteer.

I _____ of

hereby declare that the information provided here is true and correct. I acknowledge that I have read and understand the content of all contained in this volunteer application including the rights and responsibilities as detailed herein this Volunteer Application.



Date

/ /

Office Use only

Interviewed by: _____ **Date:** _____

References checked by: _____ **Date:** _____

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