

**Volunteer Application Form**

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| **Personal Contact details:** |  |
| Full Name |  |
| Address |  |
| Telephone: |  |
| Email |  |
| Emergency Contact Person: Name,  Mobile  Relationship |  |
| **Work Situation:** |  |
| Current Occupation/study |  |
| Current hours working/studying |  |
| Current skills/experience |  |
| **Referees:** |  |
| 1. Name 2. Telephone |  |
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| **Course Start Month**    **Training Venue:** | \_\_\_\_\_\_\_\_\_\_\_\_\_    Bathurst – Orange – Dubbo |
| How did you hear about training | TV- Newspaper - Radio - Word of mouth - Brochure - Website - other |

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| **DECLARATIONS:** |  |
| Do you have any past/present related medical conditions which may create risks for you to undertake the requirements of this position | Yes – No If Yes please explain |
| Do you have any past or current mental health concerns? | Yes – No If yes pls explain |
| As a crisis supporter you will need to complete reports on computer & be able to enter data. | Are you computer literate? Yes – No  If no, are you willing to learn Yes – No |
| **IMPORTANT INFORMATION:** |  |

1. I fully understand that any false, misleading or incomplete information stated by me in all registration documents may lead to instant dismissal if employed [voluntary or paid] by Lifeline Central West
2. I certify that the information stated in registration/application forms, are true & correct in all detail
3. I currently do not use/deal in or will not use/deal in illegal drugs or be involved in any criminal activity whilst involved with Lifeline.
4. I will not attend training or telephone crisis support shifts under the influence of alcohol or drugs.

The personal information on this form is being collected for the purposes of recruiting & selecting volunteers to work with Lifeline Central West

By signing this form, I attest that the information supplied is true & accurate.

I understand that submitting this form does not automatically register me as a volunteer & that there is a selection process including completion of a satisfactory Police & reference checks

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_