



**Noah's**  
EVERY CHILD  
EVERY OPPORTUNITY...

## VOLUNTEER APPLICATION FORM

First Name: ..... Surname: ..... M/F

DOB: .....

Address: .....

Suburb: ..... Postcode: .....

Email: .....

Home phone: ..... Mobile phone: .....

Emergency Contact: ..... Phone: .....

Working With Children Check (WWCC) No: .....

Expiry Date: .....

Current Criminal History Check YES  (If Yes, please provide copy) NO

**How did you hear about Noah's Inclusion Services?** (Please tick ONE box)

- Previous interview
- Word of Mouth
- Special event
- Friend/family member
- Organisation website
- Employer organisation
- Other: (please specify) .....

**What is your current work status?** (Please tick ONE box)

- Full Time Worker
- Part Time Worker
- Traveller/visitor
- Retired
- Income support
- Home duties
- Student

**Do you identify with one (or more) of the following groups?** (If YES - Tick, If NO - leave blank)

- Disabilities
- Non English speaking background (CALD)
- Aboriginal and/or Torres Strait Islander
- None of the above
- Other (please specify) .....

**What is your primary motivation for volunteering?** (Please tick ONE box)

- |   |  |
|---|--|
| <input type="checkbox"/> Help others/give back to the community | <input type="checkbox"/> Using skills/learning new skills    |
| <input type="checkbox"/> Personal satisfaction                  | <input type="checkbox"/> Gain work experience/reference      |
| <input type="checkbox"/> To be active/keep busy                 | <input type="checkbox"/> Build confidence/self esteem        |
| <input type="checkbox"/> Social Interaction                     | <input type="checkbox"/> Make a difference                   |
| <input type="checkbox"/> Centrelink/Job Network referrals       | <input type="checkbox"/> Explore/engage in areas of interest |
| <input type="checkbox"/> Recommended by someone else            |  |

**What types of volunteer work are you interested in?**

.....  
.....  
.....

**Are you interested in volunteering for special events/projects?**

eg fundraising days, cultural and sporting events, festivals, fun runs

Projects Type: .....

Events Type: .....

**Availability:** Mon  Tues  Wed  Thurs  Fri  Weekends

**Volunteer Experience**

**What is your general work history?**

.....  
.....  
.....

**What skills, experience or qualifications do you wish to contribute to volunteering?**

.....  
.....  
.....

**How would you describe your skill level?** (eg basic, intermediate, advanced)

.....  
.....  
.....

**Do you speak any language other than English?**  No  Yes - specify .....

Level of proficiency                      Written                       Basic    Intermediate    Advanced

   Spoken                       Basic    Intermediate    Advanced

**Have you done voluntary work before? If yes, what kind and for what organisation?**

.....  
.....

**Do you have a condition or circumstances that would affect the sort of volunteer work you choose?**

.....  
.....

**To which locations or suburbs can you travel to volunteer?**

.....  
.....

**Any other information you would like Noah's Inclusion Services to know?**

.....  
.....  
.....

**Referees** - please provide the name and contact number of two people who are willing to act as referees for you and who have known you either personally or professionally for at least 12 months.

Referee 1 ..... Contact number .....

Referee 2 ..... Contact number .....

### **Volunteer Application Agreement**

I understand that to be accepted as a volunteer I must comply with the requirements under the following Guidelines, Standards, internal policies and procedures and funding requirements.

- *Criminal History Check* – All volunteer applicants must either have a current Criminal Record Check (no more than 3 months old) or agree to undertake a Criminal Records Check.

Criminal History Checks, which indicated disclosable outcomes, will be measured against the relevant Police Certificate Guidelines 2017, funding agreements and internal policies and procedures in consideration of accepting the application to volunteer at Noah's Inclusion Services.

I understand that Noah's Inclusion Services have the right and are under no obligation to accept my application for volunteering if any disclosable outcomes are in breach of relevant Guidelines, internal organisation policies and procedures and funding guidelines.

- *Working With Children Check* – all volunteer applicants must either have a current Working With Children Check or agree to undertake a Working With Children Check.

I also understand that I will be required to undertake an organisation orientation, service inductions, any training relevant to my role and agree to all organisational Policy and Procedures prior to and during my term as a volunteer at Noah's Inclusion Services.

**Signed** .....

**Print Name** .....

**Date:** .....



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## VOLUNTEER CONFIDENTIALITY FORM

**All volunteers are required to sign this form**

As a volunteer with Noah's Inclusion Services, you are requested to maintain confidentiality regarding the children and families with whom you are working.

Any disclosure of information that could prove detrimental to client privacy will result in termination of your services as a volunteer.

I, \_\_\_\_\_ have read the above statement and understand that all information regarding Noah's Inclusion Services service or consumers is confidential.

Signed: \_\_\_\_\_

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

Witnessed: \_\_\_\_\_

*Noah's Ark Centre of Shoalhaven Inc*

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