

# Bay Islands Community Services Inc

"Serving the people of the Southern Moreton Bay Islands"

ABN 50 269 503 941

## Application for Voluntary Position

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Do you hold a current drivers licence? Yes / No

Do you hold a current 'Blue Card'? Yes / No # \_\_\_\_\_

Have you previously worked for this organisation? Yes / No When? \_\_\_\_\_

Are you able to work at least 6 hours per week? Yes / No

Please circle the days you are able to assist: Mon Tues Wed Thurs Fri Sat Sun

Position applied for: (Please circle any areas of interest) **Youth groups may involve some weekend activities.**

• Shop assistant • Maintenance • Gardening • Clerical • Youth Group (SMBIOSYS)

• Special Events • Fundraising • Social Activities • Cleaning • Training

• Other: \_\_\_\_\_

### Health Details

Have you any physical disability or medical condition likely to prevent you from performing specific duties satisfactorily, or be hazardous to your safety or the safety of others or that we may need to know about if you are taken ill at the centre?

(please circle) Yes / No If yes, please provide details.

Please provide contact details of a person to contact in an emergency: \_\_\_\_\_

Have you been provided with a policies & procedures booklet? Yes / No

Have you signed the confidentiality agreement? Yes / No

### Skills

Briefly state any relevant skills / training you have that you feel might benefit the community centre?

Please briefly state why you would like to be a volunteer with this organisation:

Would you like to tell us about any special interests that you have?

I understand all of the questions above and have answered accurately to the best of my ability. I understand that if I have knowingly given any false answers I may be dismissed as a volunteer. And I agree to abide by the policies, procedures, and OHS rules in accordance with the organisation.

Volunteers signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Interviewers signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of interview: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE TURN OVER AND COMPLETE PAGE 2**

Privacy Policy

Bay Islands Community Services Inc will take reasonable steps to protect all information that we hold (including your personal information) from misuse, loss or unauthorized access, modification or disclosure.

We will take reasonable steps to hold your information secure in a physical or electronic form. Our information is stored in access controlled premises or in electronic databases which require logins and/or passwords.

Within this organisation, all staff, including volunteers, who have access to confidential information are subject to confidentiality obligations. You can request, at any time, personal information that we may hold about you.

We will endeavour to provide you with your information within 7 days and may charge you a nominal fee where access provided.

We may refuse to provide information held about you in situations where the National Privacy Principles allow us to do so. If we do refuse access, we will provide you a reason for doing so.

If you have any questions or concerns about our privacy policy or practices, or if you want more information, please contact us on 3409 1177.

The information collected on this document will be used for the purpose of financial accountability

PLEASE READ THESE CONDITIONS

- I understand if I give a false answer to any question on this form, I will, if accepted for employment as a volunteer, be liable to dismissal without notice.
- I understand that work will be on a roster basis, and that my acceptance of the volunteers position indicates my willingness to work accordingly.
- I understand that Bay Islands Community Services Inc is a charitable organization, which is based on Faith, Hope, and Charity, and I undertake to uphold these principles to the best of my ability.
- I understand strict conformity to Safety rules, proper use of all equipment, and the wearing of suitable clothes and approved footwear is required of all volunteers of this organization.

Do you wish to have your application records kept on file, for future vacancies, should your application be unsuccessful this time? Yes / No

Signature: \_\_\_\_\_ Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please provide at least one reference:

Name of reference: \_\_\_\_\_ Contact number: \_\_\_\_\_

Notes: \_\_\_\_\_

**OFFICE USE ONLY**

Commencement date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Finish date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_ Position: \_\_\_\_\_

Induction conducted on: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Name badge issued: \_\_\_\_\_ Policies and Procedures booklet provided: Yes / No

Blue card applied for on: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Keys issued: \_\_\_\_\_ Date of key issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date keys returned: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of resignation: \_\_\_\_/\_\_\_\_/\_\_\_\_ (please circle) Written / Verbal

Notes: \_\_\_\_\_

**Correspondence to:**

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