

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 # _____

Are you on Centrelink? Yes / No Are you Volunteering Yes / No

Please Circle One **VOL** **CLVOL** **WFD** **REHAB** **CSW**

If on Centrelink, who is your Employment Service Provider ? _____

Centrelink CRN # _____

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

Please Tick **Bicsi Voluntary Rights** **Vehicle** **Confidentiality**

Position applied for: (Please circle any areas of Interest) **Work or Train in :** Shop Register Shop Shelf Tidy Library
Children's Clothing Linen Sorting Barista Café Gardens/Gardening Nursery Retail Nursery Propagating Pick
Up/Delivery Administration Reception Information Table Centrelink Agent Supervisor

CENTRELINK

Start	Finish	Start	Finish

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:

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.

PLEASE READ THESE CONDITIONS

I have read and understand the Privacy Policy above

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: ____/____/____

OFFICE USE ONLY

Commencement date: ____/____/____

Finish date: ____/____/____

Location: _____

Position: _____

Induction conducted on: ____/____/____

By: _____

Name badge issued: Yes / No

Policies and Procedures booklet provided: Yes / No

Blue card applied for on: ____/____/____

Date of resignation: ____/____/____

(please circle) Written / Verbal

Notes: _____

Correspondence to:

55 Jackson Road
Russell Island QLD 4184
PH: (07) 3409-1177
Fax: (07) 3409-1277
Email: dorise@bics.org.au



32-40 High Central Road,
Macleay Island QLD 4184
Ph: (07) 3409-4990
Email: dianeb@bics.org.au