



B.U.D.'S Helping Hands Team Volunteer Application Form

Personal Details							
Title: <i>Circle one or specify other</i>	Mr. Mrs. Ms. or other	Family Name:		Suffix: <i>(e.g. MD)</i>			
First Name:		Middle Name(s):		Preferred Name:			
Street Address:			Suburb/Town:			State:	
						Postcode:	
Postal Address <i>(if different):</i>			Suburb/Town:			State:	
						Postcode:	
Email Address:							
Telephone:	Home:		Mobile:		Work:		
Do you have a current Driver's License?			Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Tick appropriate box(es) below</i>				
Car:	Manual <input type="checkbox"/> Automatic <input type="checkbox"/>		Heavy Vehicle: <input type="checkbox"/>			International Driving Permit: <input type="checkbox"/>	

Volunteer Position		
<i>Please provide details of the program or specific volunteer role(s) that you are interested in (in order of preference if there are more than one)</i>		
Program Area: <i>(eg Helping Hands Team)</i>	Location:	Volunteer Role:

Availability to Volunteer							
No. Hours/Week:				Start Date:			
Preferred Days:	Monday am <input type="checkbox"/> pm <input type="checkbox"/>	Tuesday am <input type="checkbox"/> pm <input type="checkbox"/>	Wednesday am <input type="checkbox"/> pm <input type="checkbox"/>	Thursday am <input type="checkbox"/> pm <input type="checkbox"/>	Friday am <input type="checkbox"/> pm <input type="checkbox"/>	Saturday am <input type="checkbox"/> pm <input type="checkbox"/>	Sunday am <input type="checkbox"/> pm <input type="checkbox"/>

Skills and Qualifications	
Formal Qualifications: <i>(e.g. Diploma, Degree, Trade Certificate etc.)</i>	
Other Training/Certification: <i>(Eg First Aid Certificate, Advanced Driving etc)</i>	
Computer Skills: <i>(eg Word, Excel, PowerPoint etc)</i>	

Languages (Other Than English) <i>(Please indicate whether basic (B), medium (M) or fluent (F) for both spoken and written)</i>			
1.	Spoken: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>	Written: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>	
2.	Spoken: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>	Written: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>	
3.	Spoken: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>	Written: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>	
4.	Spoken: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>	Written: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>	

Employment and/or Volunteering History			
Have you worked for B.U.D.'S before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What was your most recent paid position?	Position:	Organization:	
What was your most recent volunteer role?	Position:	Organization:	

Helping Hands Team Volunteer Application Form (cont.)

Referees		
<i>Please provide the contact details of two people who are not family members or significant others and who are willing to act as referees for your chosen voluntary work position. See attached "Volunteer application Supplementary Information" for a list of accepted reference types.</i>		
Referee 1 Name:	Relationship:	How long have you known this reference?
Phone:	Mobile:	Email:
Referee 2 Name:	Relationship:	How long have you known this reference?
Phone:	Mobile:	Email:

Parental Consent			
<i>This section of the application form must be completed by the parent or guardian of all applicants 17 years of age and under.</i>			
Parent/Guardian's Name:	Relationship to Applicant:		
Email:	Mobile:	Phone:	
I give permission for the applicant to work as a volunteer for B.U.D.'S FOUNDATION			
Parent/guardian signature:		Date:	

Medical Information:	
B.U.D.'S Foundation has a duty of care to protect your health and/or safety while you are a volunteer. Your answers to the following questions will help meet our mutual needs. (Please comment on the impact of the following on work to be performed)	
Do you have an existing medical disability/condition/injury? Please provide details.	
Do you take any medication that may affect your work? Please provide details	

Declaration	
<i>Please read each statement and any accompanying information on the "Volunteer application Supplementary Information". Please tick each checkbox to acknowledge your acceptance of each point (below)</i>	
I am applying for volunteer work with B.U.D.'S FOUNDATION-Bikers United to Defend Driving Safely.	<input type="checkbox"/>
I agree to uphold and work within the vision/mission whilst carrying out my volunteer duties and when representing B.U.D.'S Foundation. I can dedicate 1-2 hours per week or 5-10 hours per month.	<input type="checkbox"/>
I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.	<input type="checkbox"/>
I have read and understood the B.U.D.'S Foundation Code of Conduct Summary and agree to abide by the behaviors as set out therein.	<input type="checkbox"/>
I declare that the information contained in this application is true and correct.	<input type="checkbox"/>
I understand that I may be required to participate in an interview and selection process, undertake a reference and background check,	<input type="checkbox"/>
I understand that I will be required to undertake induction and/or service/program training prior to my commencement.	<input type="checkbox"/>
Signature:	Date:

Privacy Statement	
<i>Your privacy is our priority. B.U.D.'S Foundation abides by the National Privacy Principles in all its dealings with members, volunteers and the public. The personal information you have provided will help us process you as a valued volunteer with our organization and will be treated as confidential.</i>	
<i>Your opinions are valuable in order to ensure we continue to attract volunteers and understand their needs. From time to time you may be invited to participate in projects to assist B.U.D.'S Foundation in keeping volunteering alive. Participation in these projects is optional and your personal details will not be given to any external organization without your permission.</i>	

HELPING HANDS COMMITMENT