B.U.D.'S Foundation
PO Box 611
Willow Spring NC 27592

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

Personal Details

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

Volunteer Position

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)

Program Area:*(eg Helping Hands Team)*	**Location:**	**Volunteer Role:**

Availability to Volunteer

No. Hours/Week:		**Start Date:**					
Preferred Days:	**Monday** am☐ pm☐	**Tuesday** am☐ pm☐	**Wednesday** am☐ pm☐	**Thursday** am☐ pm☐	**Friday** am☐ pm☐	**Saturday** am☐ pm☐	**Sunday** am☐ pm☐

Skills and Qualifications

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

Languages (Other Than English)

*(Please indicate whether **basic (B), medium (M), or fluent (F)** for both spoken and written)*

1.		**Spoken:** B☐ M☐ F☐	**Written:** B☐ M☐ F☐
2.		**Spoken:** B☐ M☐ F☐	**Written:** B☐ M☐ F☐
3.		**Spoken:** B☐ M☐ F☐	**Written:** B☐ M☐ F☐
4.		**Spoken:** B☐ M☐ F☐	**Written:** B☐ M☐ F☐

Employment and Volunteering History

Have you worked for B.U.D.'S before? ☐ Yes ☐ No

What was your most recent paid position?	**Position:**	**Organization:**	
What was your most recent volunteer role?	**Position:**	**Organization:**	

HELPING HANDS COMMITMENT

Helping Hands Team Volunteer Application Form (cont.)

Referees

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.*

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

This section of the application form must be completed by the parent or guardian of *all **applicants 17 years of age and under**.*

Parent/Guardian's Name:		**Relationship to Applicant:**			
Email:		**Mobile:**		**Phone:**	
I permit 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 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

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 am applying for volunteer work with B.U.D.'S FOUNDATION-Bikers United to Defend Driving Safely.	☐
I agree to uphold and work within the vision/mission while carrying out my volunteer duties and representing B.U.D.'S Foundation. I can dedicate 1-2 hours weekly or 5-10 hours monthly.	☐
I agree to maintain the highest standards of confidentiality regarding any information obtained during my volunteer work.	☐
I have read and understood the B.U.D. 's Foundation Code of Conduct Summary and agree to abide by its behaviors.	☐
I declare that the information contained in this application is true and correct.	☐
I understand that I may be required to participate in an interview and selection process, undertake a reference and background check,	☐
I understand that I will be required to undertake induction and/or service/program training before commencing my employment.	☐

Signature:		**Date:**	

Privacy Statement

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. Your personal information will help us process you as a valued volunteer with our organization and will be treated as confidential.

Your opinions are valuable in ensuring 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.

HELPING HANDS COMMITMENT