



GLWS Volunteer application package

Name	
Address	
Contact numbers	
Email address	
Age Group	<input type="checkbox"/> 25 – 44 <input type="checkbox"/> 44 – 64 <input type="checkbox"/> 65 – 74 <input type="checkbox"/> 75+
Date of birth	____/____/____ (required to verify WWCC and police checks)
Do you hold a valid Driver's License?	Expiry date: Learner / Provisional / Unrestricted / Truck or other
EMERGENCY CONTACT	
contact person and contact number	
Relationship to you:	
Do you have any medical condition/allergies of which we should be made aware of?	
VOLUNTEERING AVAILABILITY	
Availability (days and times)	
How often do you wish to volunteer?	<input type="checkbox"/> Flexible <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Emergencies <input type="checkbox"/> Events
How many hours per shift?	<input type="checkbox"/> 1-2 <input type="checkbox"/> 2-4
Do you hold a current Police Check? If no, you must be willing to obtain one	Yes / no If yes: number: Date of issue:
Current Working with Children Check? or willing to obtain one if required?	Yes / no If yes: number: Expiry date:



Tell us a little bit about you:

Relevant employment background/work experience/ life experience:

Volunteer information

Why do you wish to volunteer for the Shelter?

Have you had any previous volunteering experience? Where?

What new skills/knowledge would you like to develop or share whilst volunteering?

References

Please give the name and contact details of 2 personal character references:

Name:

Relationship to you:

Phone number and/or mobile:

Email address:

Name:

Relationship to you:

Phone number and/or mobile:

Email address:



Volunteer Confidentiality Agreement

I, understand that during the course of my volunteering with Great Lakes Womens Shelter I shall receive and acquire confidential information that is the property of the Shelter.

I will never reveal the location of the Shelter under any circumstances without the express permission of the Shelter Manager in consultation with the Shelter Board.

I undertake, during and after my volunteering with the Shelter, to keep confidential all information that is disclosed to or obtained by me as a result of, or during the course of my volunteering with the Shelter. This includes all information discussed and disseminated during volunteer training.

I will not, either during or after my work with the Shelter, disclose confidential information concerning the business or affairs of the Shelter, its Clients, Staff or its service and community partners without permission of the Shelter in writing.

Other than is necessary and authorised for the performance of my duties, I will not:

- copy, duplicate or make extracts from confidential information;
- make use of confidential information for private purposes or in a manner which may or is calculated to cause injury or loss to the Shelter, its clients or its service and community partners;

I undertake to inform my supervisor immediately if I become aware of any breach of privacy or security relating to the information I access in the course of my duties. All confidential records, documents and other papers, together with any copies or extracts thereof in my possession will be returned to the Shelter on the termination of my volunteering.

I recognise and accept this agreement will continue to apply despite the termination or cessation of my volunteering myself, or by the Shelter.

I have read and understood the Volunteer Role Duty Statement and will comply with my obligations as outlined in the Statement.

Volunteer Name:

Signed: [signature]

Date:

In the presence of: [signature and name]