Other Interests and Hobbies:



•	<u> </u>	<u>, (ppe.</u>	<u></u>	Date:			
1. Your Personal Details							
	First Name:			Surname:			
Street Address:							
Suburb:			State:		Postcode:		
Postal Address:							
Suburb:			State:		Postcode:		
Phone: Home:		Work:			Mobile:		
Email Address:							
Date of Birth:							
2. Your Role							
Volunteering Program:		Delivered Mo			Centre Meals		
Role (please circle one	•	Bus (Companion	Ser	ver	Other	
If other, please specify		.1 !!					
Please state why you v	vish to volunteer with	the Italian	Day Centre	•			
3. Your Availability							
Preferred Volunteering	g Days: Mon	Tues	Wed	d 7	Γhurs	Fri	
Number of Hours per \							
Frequency of Voluntee		Week	dy	Fortnightl	у Мо	nthly	
Ideal Start Date:							
Other Comments:							
4. Your Skills and Qua	alifications						
Formal Qualifications:							
Tertiary, TAFE, TCE, etc) Organisation:							
Other Qualifications:							
(First Aid Certificate, etc)				·			
Do you have a current driver's license? Yes No Expiry Date:							
	Licence No:			Issuing Sta			
Do you have your own		Yes 🗌	No 🗆	Car Type:	Manual	Automatic	
Does your car have full	comprehensive insur	rance?	Yes 🗌	No 🗆			
Insurance Details:							
NOTE: Transport without full comprehensive insurance CANNOT be used on Italian Day Centre business							
Computer Skills:							
(Microsoft Office, etc) Language Skills Other Than English (please indicate your level of comprehension for oral and written communication):							
Language:	Fluency Le	vei:	Basic	Good E	xcellent I	Fluent / Native	
Other Skills and Training	ig.						

5. Your Employment and Volunteering History						
Please indicate your most recent paid position:						
Position:		Organisation:				
Please indicate your most recent volunteering role:						
Position:		Organisation:				
Alternatively, you may attach an updated copy of your CV to this application form						
Referees						
Referee One	Name:					
Relationship:		Length of relationship:				
Phone:		Email:				
Referee Two	Name:					
Relationship:		Length of relationship:				
Phone:		Email:				
6. Parental Consent						
If you are under 18 years of age, parental consent for volunteering is required. Please complete below:						
I, the undersigned, acting as the parent/guardian of the applicant, give permission for the applicant to						
work as a volunteer with the Italian Day Centre						
Parent/Guardian's Na						
Relationship to Applicant:						
Phone:	Phone: Mobile:					
Email:						
Parent/Guardian's Sig	nature:	Date:				
7. Your Medical Infor	mation					
(Please note that all personal information is kept private and confidential, as per our Privacy Statement) Do you have an existing medical condition, disability or injury that may impact on your volunteering?						
If yes, please provide details:						
Places list any modications which may affect your valuatearing.						
Please list any medications which may affect your volunteering:						
7. Your Declaration						
Please read the declaration below and sign to complete this volunteer application. Please refer to the Volunteer						
Coordinator if any clarification is required.						
I, the undersigned, declare that:						
I am applying to volunteer with the Italian Day Centre,						
I will carry out my volunteering tasks in accordance with the Italian Day Centre's Vision, Mission and Values,						
I will maintain a high ethical standard of work, including maintaining confidentiality,						
I have read and agree to abide by the Italian Day Centre's <i>Code of Ethics and Conduct Statement</i> ,						
I understand that I may need to participate in any volunteer recruitment and induction processes, and						
All of the information contained in this application form is true and correct.						
Signature: Date:						
Full Name:						
Privacy Statement						

The Italian Day Centre prioritises our volunteers' privacy, therefore all dealings with Italian Day Centre staff, volunteers, clients and members abide by the National Privacy Principles to ensure your privacy is respected and maintained at all times.

 $All\ personal\ information\ obtained\ through\ this\ volunteer\ application\ process\ is\ designed\ to\ benefit\ both\ you\ as\ a\ potential\ Italian\ Day\ Centre$ volunteer, and our organisation to ensure both our needs are met. All personal information will be treated as confidential and will be kept in a secure location at all times. You have the right to access your information at any time, and no information will be shared with any third party unless your expressed permission is obtained beforehand. Please ask to see our Records Management Policy for more information, or speak with our Volunteer Coordinator or Manager.