Helping Hands

ABN: 14 508 858 865

OFFICE USE ONLY
Induction Date:

Volunteer Application Form

Please complete and return this form to help@helpinghandsmission.org.au or to any of our stores.

Staff Notes:

Contact Details

Name: _____ **D.O.B:** _____

Address: _____

Phone Number: _____ **Mobile Number:** _____

Email Address: _____

Volunteer Application Information

I am registered with Centrelink and would like to volunteer 15 hours per week as part of my mutual obligation: ☐ Yes ☐ No

I receive NDIS support: ☐ Yes ☐ No

Do you have a current police check? ☐ Yes ☐ No

Do you consent to undergoing a police check as part of the application process? ☐ Yes ☐ No

Helping Hands is dedicated to creating a safe and trustworthy space for everyone. To protect our community, we cannot accept volunteers with criminal convictions for theft, violence, or property damage. Anyone with these convictions is not eligible to join our volunteer program.

☐ I acknowledge the above statement and confirm that I do not have any criminal convictions related to theft, violence, or criminal damage.

Volunteer Availability

My preferred volunteering day(s) are:

☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays ☐ Saturdays

My preferred times are: ☐ 10am – 1pm ☐ 1pm – 4pm ☐ Other:

My preferred volunteer location(s) are:

☐ Airport West *(McIntosh Street)*

☐ Sunshine *(Hampshire Road)*

☐ Preston *(Oakover Road)*

About you

Please tell us why you would like to volunteer at Helping Hands?

At Helping Hands, we want volunteering to be a rewarding experience. Please tell us what your volunteering goals are? (For example, hands-on work experience with the view to gaining employment, learning new skills, social benefits or helping those in need).

Please tell us a little about yourself. We would love to know about your schooling, employment, skills or previous volunteering experience.

There are a variety of volunteering roles at Helping Hands. Please indicate which areas are of most interest to you? (Please note: if you would like more information about any of these areas, please contact our office to arrange a time to meet with one of our team.)

☐ Customer service (working behind the counter)

☐ Merchandising (making sure the items we have for sale look amazing!)

☐ Receiving and sorting donations (anything from books, to shoes, electrical and toys)

☐ Helping out in our Community Kitchen and Dining Room

☐ Supporting our 'Assisted Volunteers' program

☐ Helping out in our Community Pantry (assisting clients, restocking the pantry etc.)

☐ Administration

☐ Supporting our Material Aid program

☐ Warehousing and logistics

☐ Gardening and Maintenance

Medical Condition Disclosure

The health and safety of our volunteers is important. To provide a duty of care to you as a volunteer, we need to understand if you have any pre-existing and/or medical condition(s), as well as emergency contact information in the case of a medical situation or emergency. It is important to disclose this information to ensure we are covered by the relevant insurance in case of a claim and to make sure we can best help you if you need emergency assistance.

Please list any pre-existing and/or current medical conditions in detail:

Are there any tasks that you are not able to perform due to physical limitations that we should know about or that may impact your ability to volunteer in certain roles? (For example: heavy lifting, driving, working outside or similar):

List any medication(s):

Is there any other additional information we need to be aware of when reviewing your application?

If insufficient space to record, please attach a separate sheet to this application with your additional information.

Emergency Contact Information

Emergency Contact #1

Name:
Contact Number:
Relationship:

Emergency Contact #2

Name:
Contact Number:
Relationship:

What next?

Thank you for completing your application. Please submit this to our team at **help@helpinghandsmission.org.au** and a member of the Helping Hands team will be in contact to discuss what volunteering opportunities we currently have available for the days/roles you have nominated and arrange a time for you to complete our Volunteer Induction.

Please Note:

We are committed to protecting the privacy of our volunteer's personal information. Helping Hands will use your name and address for communication purposes only. Our privacy policy ensures that information about a volunteer is not disclosed to a third party without the written consent of the volunteer. Refreshments are supplied for volunteers.