

STUDENT VOLUNTEER FORM (under 18's)

Privacy Statement

Any personal information you provide is protected under the *Privacy Act 1988* and is collected for the purpose of your volunteering activities with Anglicare and may be used to inform you about your program, training or volunteering opportunities. It can only be disclosed to someone else if you have been given reasonable notice of the disclosure; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person's life or health; or if you have consented to the disclosure.

However, if you choose not to provide the information requested, we may not be able to process your application or properly consider you for a volunteer position.

If you have questions or concerns about how your personal information is handled you can contact the Privacy Officer at Anglicare by emailing privacy@anglicare.com.au

Please complete this form and return to Volunteer Managers at Anglicare via:

MAIL: GPO Box 360, Canberra ACT 2601 **PHONE:** 02 6278 8400 **FAX:** 02 6278 8499

EMAIL: volunteers@anglicare.com.au **WEBSITE:** www.anglicare.com.au

PERSONAL DETAILS OF VOLUNTEER

SURNAME: _____ **GIVEN NAMES:** _____

TITLE (please circle): Mr Ms Other: _____

ADDRESS: _____ **Postcode:** _____

PHONE NUMBER Home: _____ Mobile: _____

EMAIL: _____ **DATE OF BIRTH:** / /

DRIVER'S LICENCE (tick): no yes - **Class:** _____

CHURCH/PARISH (if applicable): _____

HEALTH: Do you have any health problems or disabilities that may affect or prevent you from performing certain types of activities? no yes - please give details: _____

EXPERIENCE & SKILLS OF VOLUNTEER

EDUCATION/TRAINING: _____

SCHOOL YOU ARE ATTENDING: _____

LANGUAGES SPOKEN: _____

HOBBIES: _____

OTHER SKILLS OR EXPERIENCE: _____

APPLICANT AGREEMENT

- I state that the information I have provided on this form is true and correct to the best of my knowledge.
- In offering my services as a volunteer I agree to respect Anglicare's mission and values, attend any required training and abide by the directions of the Volunteer Manager and/or Supervisor.
- I agree to treat any information obtained whilst working as an Anglicare volunteer as confidential.

Volunteer's Signature: _____ **Date:** _____

STUDENT VOLUNTEER FORM

PARENT GUARDIAN PERMISSION & EMERGENCY CONTACTS DETAILS

I/We _____ RELATIONSHIP: _____
Parent/Guardian Name

ADDRESS: _____ Postcode: _____

EMAIL: _____

PHONE: Home: _____ Work: _____ Mobile: _____

Give Permission for _____ to volunteer for Anglicare NSW South, NSW West & ACT
Applicant's Name

SIGNATURE OF PARENT/GUARDIAN: _____

I would be interested in receiving the Anglicare newsletter

I would be interested in receiving information in regards to future volunteer opportunities.

REFERRING/SUPERVISING TEACHER – PLEASE SUPPLY THE NAME OF REFERRING TEACHER/S

Name: _____ Contact Number: _____

School Email: _____

Name: _____ Contact Number: _____

School Email: _____

For Office Use :

Program/Event: _____

Supervisor: _____

Date Commenced: _____