



Together With The Community

# Volunteer Program

ABORIGINAL FAMILY SUPPORT SERVICES Inc.

("The conventional definition of management is getting work done through people, but real management is developing people through work".)

Agha Hasan Abedi

Families to ensure safe and culturally strong futures  
For our children and young people



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503 Cross Road South Plympton SA 5038 Phone (08) 8351 2661 Fax (08) 8351 2989  
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Lot 334 Hutchinson Street Coober Pedy SA 5723 Phone (08) 8672 3066 Fax (08) 8672 3033



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## VOLUNTEER APPLICATION, DISCLOSURE AND REGISTRATION FORM

### PERSONAL DETAILS

Title  Mr  Ms  Miss  Mrs Other

First Name:  Preferred Name:

Surname:

Street Address

City  Post Code

Home Phone:  Mobile:

Date of Birth:  Email:

Sex  Male  Female Country of Birth

Drivers License  Yes  No Class  License No

Do you have your own Transport?  Yes  No

Do you hold a current clean driving license?  Yes  No

How far are you prepared to travel? (PLEASE ATTACH COPY OF CURRENT DRIVERS LICENSE)

Emergency Contact Person:

Contact No's: Home:  Mobile:

### PERSONAL INFORMATION

Occupation:

Qualifications/  
Skills:

#### **Please mark your current employment status:**

Work Initiative  Employment Part Time  Student  Home Duties  
 Unemployed  Retired  Work Cover  Centrelink Referral

#### **How did you hear of AFSS Volunteer Service?**

Word of mouth  Volunteer Centre  Newspaper  Radio  
 Other (Please specify)



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**Why would you like to volunteer?**

- Help Others
- Gain Experience
- Centrelink Requirement
- Give back to Community
- Other

**Please mark your preference regarding how you like to work:**

- Team work / Group setting
- Autonomously / One to one basis

**Please mark your period of commitment as a volunteer:**

- 3 months
- 6 months
- 9 months
- 12 months
- Indefinitely

**AVAILABILITY**

**Please mark days and times you would be able to volunteer:**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>	AM <input type="checkbox"/>
PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>

**Aboriginal Family Support Services offers a number of opportunities; please mark below areas that are of interest to you:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Community Wellbeing,  | <input type="checkbox"/> Community Care (placement) | <input type="checkbox"/> Child Care    |
| <input type="checkbox"/> Family Care (Reunification),                                    | <input type="checkbox"/> Clerical Duties            | <input type="checkbox"/> Reception     |
| <input type="checkbox"/> Crisis Accommodation Service,                                   | <input type="checkbox"/> Emergency Assistance       | <input type="checkbox"/> Gardening     |
| <input type="checkbox"/> Strong Men/ Strong Families Project                             | <input type="checkbox"/> Youth Initiatives          | <input type="checkbox"/> Safe Pathways |
| <input type="checkbox"/> Youth Accommodation Support Services                            | <input type="checkbox"/> Simple Home Maintenance    | <input type="checkbox"/> Archives      |
| <input type="checkbox"/> AFSS Resources/Community Development,                           | <input type="checkbox"/> Event Management           | <input type="checkbox"/> Mentoring     |
| <input type="checkbox"/> Community Work  | <input type="checkbox"/> Administration Support     | <input type="checkbox"/> Youth Work    |
| <input type="checkbox"/> Other (Please state) <input style="width: 400px;" type="text"/> |   |  |

**Why do you want to volunteer with an Aboriginal organisation? Please indicate your knowledge of contemporary Aboriginal issues within the community.**



**VOLUNTEER EXPERIENCE:**

Do you have previous volunteer experience? If yes, please provide details:

Organisation

Period of time:

Position:

Example of Duties or tasks performed:

Do you have any skills or experience in other areas that may be relevant to your duties as a volunteer?

No

Yes (please describe)

**EDUCATION AND TRAINING:**

What is the highest level of education you have completed (e.g. Year 10, Certificate, Degree)?

Please indicate any training you have undertaken and the date it was completed:

First Aid

Date

OHS & W

Date

Manual Handling

Date

Conflict Resolution

Date

Mandated Notification

Date

Other (Please specify)

Date

Can you speak read or write another language? If so please specify:

Are you willing to undertake relevant training necessary for you to carry out your volunteer role?

Yes

No

Why would you like to participate in training?

To do my role better

To increase my skills

To find paid work

To add to my resume

Other

**REFEREES:**

Name:

Business Phone:

Mobile:



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Do you have a disability or medical condition that could limit the range of work you can do, or for which you may require extra support? If yes, please provide details:

## Declaration

I

(Full legal name)

declare that the information given is true and correct.

- I acknowledge that any false or misleading information may lead to my position with AFSS being rejected or terminated.
- I will notify AFSS Inc if any of my above circumstances change.
- I consent to my details relating to my position, may be used for media and promotional causes.
- I understand and will adhere to the responsibility as a volunteer for AFSS Inc to treat all information in absolute confidence.
- I understand that I am responsible for abiding to the relevant State and Federal regulations and in addition, obeying AFSS Inc Occupational Health and Safety Policy, Equal Opportunities Policy, and other relevant policies and procedures that relate to my designated role as a volunteer within the organisation.
- I agree as a volunteer, student or work placement applicant to be loyal to AFSS Inc, and respect its place in the community and maintain its credibility and integrity.
- I understand and agree that I will start my role at AFSS Inc on a 3 month probation period.
- I agree AFSS Inc reserves the right to terminate my role within the organisation at any given time.
- I understand that there is no intention to form an employment relationship and contract between AFSS and myself.

Signature

Date



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**OFFICE USE ONLY:**

VOLUNTEER NUMBER

**20080415 INNIALS**

**1. Police Check**

Form sent to SAPOL

Date:

Received by AFSS

Date:

**Outcome:**

No Convictions

Criminal history recorded

Restrictions

Signed

Date

**2. References checked by:**

Site / Program  
Manager:

A

B

**3. Drivers License sighted by:**

Signed:

Lic no:

**4. Volunteer Role:**

**5. Site/ Program location:**

**6. Starting Date:**

**7. Orientation Attended:**

The applicant has been informed of Occupational Health, Safety and Welfare and Equal Opportunity Regulations.

MANAGER:

SIGNED

DATE