

# Volunteer Expression of Interest Form



If you are interested in volunteering with ac.care please download and complete this *Expression of Interest Form* electronically, email to our People and Culture Team at [PAC@accare.org.au](mailto:PAC@accare.org.au) or drop it into one of our sites.

## Volunteer application process

The volunteer application and assessment process will involve the following:

- Completion of the Volunteer Expression of Interest Form.
- Meet with ac.care staff member to discuss options may be suited to your skills, experience, availability and interests.
- 2 x Reference Checks are conducted by ac.care.
- ac.care will need copies of your satisfactory Working with Children Check (WWCC) and a National Police Check (NPC). If you don't hold either of these, ac.care can apply on your behalf.
- ac.care will need a copy of your Safe Environments "Through Their Eyes" training certificate. If you don't hold one, ac.care will arrange for you to complete the training within 2 months of commencement.

## Volunteer personal details

<b>Last name:</b>		<b>Home Phone:</b>	
<b>First names:</b>		<b>Mobile Phone:</b>	
<b>Preferred name:</b>		<b>DOB:</b>	
<b>Address:</b>		<b>Postcode:</b>	
<b>Email:</b>			
<b>Do you have a current Driver's Licence?</b>		<b>Licence No:</b>	
<b>Do you have a current Working with Children Check (WWCC)?</b>		<b>Number:</b>	
<b>Do you have a current National Police Check (NPC)? (conducted within the last 12 months)?</b>		<b>Number:</b>	
<b>Current or previous occupation and any qualifications:</b>			
<b>Interests/skills/hobbies:</b>			



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**Tell us how you would like to be involved** e.g. General volunteering, mentoring, running a class of your own, administration duties, assisting clients during program delivery, mowing lawns, accommodation preparation, other.

**What days/times are you available?**

**Referees:** Please provide the names and contact numbers of two (2) referees.

<b>Name:</b>		<b>Phone:</b>		<b>Relationship:</b>	
<b>Name:</b>		<b>Phone:</b>		<b>Relationship:</b>	

I consent to ac.care applying for a Working with Children Check and National Police Check on my behalf.

**Signed:**

**Date:**

*Thank you for your interest in volunteering with ac.care,  
we will be in touch.*



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## Volunteer Position Details

NOTE: The following section is to be completed by ac.care.

Volunteer Name:	
Volunteer Position title:	
Program:	
Base Site:	
Proposed Start Date:	TBA
Reports to:	

## Volunteer Position Details

NOTE: The following section is to be completed by the People and Culture Team.

Position description approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Record of Interview :	<input type="checkbox"/> Yes	<input type="checkbox"/> No (request cannot be approved)
Reference check:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (request cannot be approved)
Working with Children Check:		
National Police Check:		
Safe Environments training certificate:		

## Approval

Volunteer Supervisor	Position	Date
Line Manager	Position	Date
People and Culture Team	Position	Date

