

VOLUNTEER / WORK PLACEMENT APPLICATION FORM

ALARA QLD Limited
8 Warwick Road Ipswich 4305 | p. 07 3817 0600 | e. alara@alaraqld.org.au

| | | |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------|
| Surname: | First Name: | Other Name/s: |
| Present Address: | | How long at address: |
| Telephone: | Mobile: | Alternative No: |
| Email: | | |
| EDUCATIONAL BACKGROUND | | |
| Level | Qualification | Year Completed |
| Secondary | | |
| Tertiary | | |
| Business or Vocational | | |
| Professional and / or personal memberships: | | |
| EMPLOYMENT HISTORY | | |
| (List last job first and account for all unemployed time. Continue on another page if required) | | |
| Period of Employment | Employer (Name & Full Address of Organisation) | Position Held / Title |
| | | |
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| GENERAL QUESTIONS | | | | |
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| Question | No | Yes | Applicable Details | |
| All successful applicants are required by the Disability Services Act 2006, to have a Criminal History Screening through Disability Service Qld. ALARA will arrange for you to complete the Application Form if you are successful in becoming a volunteer / performing work placement. | | | | |
| Are you prepared to undergo a Criminal History Screening through Disability Service Qld? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Do you have a current Blue Card? Please give the expiry date. | <input type="checkbox"/> | <input type="checkbox"/> | Expiry date: | |
| While not essential, it is desirable that you have a First Aid Certificate and a CPR Certificate. | | | | |
| Do you have a current First Aid certificate? Please give the expiry date: | <input type="checkbox"/> | <input type="checkbox"/> | Expiry date: | |
| Do you have a current CPR certificate? Please give the expiry date: | <input type="checkbox"/> | <input type="checkbox"/> | Expiry date: | |
| The work may involve some bending, stretching, pushing, pulling and lifting. The following questions relate the health and safety of employees. A copy of the Position Description for a Volunteer has been provided to you. (Please Note – failure to disclose a pre-existing medical condition may make you ineligible for compensation in certain situations). | | | | |
| Do you have any pre-existing medical conditions? | <input type="checkbox"/> | <input type="checkbox"/> | Details of condition: | |
| In your opinion, do you feel that these medical conditions will affect your ability to fulfil the requirements of a Volunteer? | <input type="checkbox"/> | <input type="checkbox"/> | Comments: | |
| All Volunteers and Work Placement participants are required to have completed the NDIS Worker Orientation Module prior to employment with ALARA. | | | | |
| Have you completed the NDIS Worker Orientation Module? Please provide a copy of your certificate. | <input type="checkbox"/> | <input type="checkbox"/> | | |

| Question | No | Yes | Applicable details | |
|-----------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------|---------------------------------------------------------|------------------------------|
| Please tick your preferences: | | | | |
| Age Group: | <input type="checkbox"/> 0 – 12 years | <input type="checkbox"/> 12 - 18 years | <input type="checkbox"/> 18+ years | <input type="checkbox"/> All |
| I would like to be involved in: | <input type="checkbox"/> One-off activities | | <input type="checkbox"/> On-going activities | |
| I am able to volunteer: | <input type="checkbox"/> 1 – 4 hours / week | | <input type="checkbox"/> 4 – 10 hours / week | |
| | <input type="checkbox"/> Other: | | | |
| Program types: | <input type="checkbox"/> Night time: weekday activities | | <input type="checkbox"/> Night time: weekend activities | |
| | <input type="checkbox"/> Day time: weekday activities | | <input type="checkbox"/> Day time: weekend activities | |
| | <input type="checkbox"/> School holiday activities | | <input type="checkbox"/> Overnight camps | |
| Program types: | <input type="checkbox"/> Sports | | <input type="checkbox"/> Social Outings / Community | |
| | <input type="checkbox"/> Craft / Cooking Classes | | <input type="checkbox"/> Educational | |
| | <input type="checkbox"/> Computing | | <input type="checkbox"/> Administration | |
| | <input type="checkbox"/> Other: | | | |
| | | | | |
| Please list any sport and recreational interests that you have: | | | | |
| | | | | |
| Please list any specific skills that you are able to bring to ALARA: | | | | |
| | | | | |
| Any other comments: | | | | |
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If you speak any languages other than English, please list these.

Describe what your reasons are for applying for this volunteering opportunity?

If you were a person with a disability, how would you expect to be treated by a worker?

If you are successful in becoming a Volunteer, what date would you like to commence?

REFeree CONTACT DETAILS

Can these referees be contacted prior to interview?

☐ Yes

☐ No

(include two (2) former employers and one (1) character reference. Please note referees are not to include relatives)

| Name and Address | Position | Telephone | How long known? |
|------------------|----------|-----------|-----------------|
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I verify that the above information which I have provided in this application is true and correct and I acknowledge that, if my application is successful, any false or misleading statement in this application could constitute grounds for subsequent dismissal.

Signature of Applicant:

Date of Application: