

## APPLICATION FORM (PLEASE USE BLOCK LETTERS)

<b>Student</b> <input type="checkbox"/> / <b>Volunteer</b> <input type="checkbox"/> (CHECK the appropriate one)	
* information is essential	
Placement Start Date*: / /	End Date: / /
Learning Institution /Workplace (if applicable)*	
Date of application: *	
First Name (Mr/Mrs/Ms/Dr/Other): *	Surname: *
Address: *	
Suburb: *	Postcode: *
Date of Birth: *	Email: *
<b>Contact Details</b>	
☎ Home: *	Mobile:
☎ Work:	Fax:
<b>Next of Kin</b>	
Full Name: *	Relationship:
Contact Number(s): *	
<b>Languages, other than English, and proficiency level (beginner, intermediate, advanced, fluent)</b>	
<b>Do you have any special needs or medical conditions we should be aware of? *</b>	

<b>OFFICE USE ONLY</b>	Student <input type="checkbox"/> Volunteer <input type="checkbox"/>	Role:
Status: F/T: <input type="checkbox"/>	P/T: <input type="checkbox"/>	Other: <input type="checkbox"/>
Date of initial Interview: / /	Date of induction: / /	Portfolio:
Police Check processed: / /	Police Check received: / /	
Application approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date entered in database: / /	
Exit Interview Date: / /	Supervisor:	

**Please tell us how many hours you have to spend on an angelhands project/ activities:**

Total Hours: \_\_\_\_\_  
per week  / month  (please check)

Days you are available: (please check)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Ad hoc for events <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"/>	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"/>	
Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>		

**Which university/company are you from? What are you studying/what is your job title?**

\_\_\_\_\_

**What do you want to gain from your placement/volunteering with angelhands?**

\_\_\_\_\_

**Placements Only: What are the start and end dates for your placement & the number of hours you need to complete**  
(please note any adjusted dates in the event of a part time placement being sought)

Start: \_\_\_\_\_ End: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**Rank these skill sets from your strongest attribute (1) to your weakest (10)**

<input type="text"/>	Communication (general)	<input type="text"/>	Capacity to be self-motivating
<input type="text"/>	Expressiveness	<input type="text"/>	Ability to work as a team
<input type="text"/>	Tolerance	<input type="text"/>	Written skills
<input type="text"/>	Adaptability	<input type="text"/>	Telephone manner
<input type="text"/>	Organisation skills	<input type="text"/>	Consistency/reliability



Ambassadors: Rabia Siddique - Humanitarian, Speaker, Author  
Hon. Cheryl Edwardes BJuris., LL.M., B.A.  
Hon. Jim McGinty, B.A., BJuris. (Hons) LL.B., JP  
Jonty Bush - Young Australian of the Year 2009

## Additional Information

Can you foresee any potential areas where a conflict of interest ( <i>work or personal associations</i> ) may arise for you? If so, what do you think you would do should such a situation arise?
Have you ever been involved in serious personal violence?
Are you, or will you in the future, be involved in any court or legal proceedings
Is there anything else you would like to tell us about yourself? If so, please tell us here



## Student/Volunteer Agreement

angelhands Inc. acknowledges and values the contribution of each student, and treats them the same as our volunteers. We are committed to managing every students and volunteers effectively and developing their full potential for the benefit of all. In return, we ask for your commitment in signing the agreement form, at the time of the Induction, in order to clarify the rights and responsibilities of students on placement (student volunteers).

### The student/volunteer:

1. I accept the responsibilities and limits set out in the student Working Agreement
2. I understand my rights as a student volunteer, as outlined in the written information given to me
3. I agree to work in a manner that is safe for myself, other volunteers, paid staff and public
4. I agree to participate in orientation and training programs as required
5. I agree to take part in any technical and safety training that is required
6. I agree to advise the program co-ordinator if I cannot attend a work session
7. I agree not to disclose any confidential or sensitive information to any person
8. I agree to support a non-discriminatory and harassment-free work environment
9. I agree to abide by the duration of commitment to angelhands as stipulated at the Induction Session
10. I agree to return any property of angelhands to the organisation at the end of my student placement

### angelhands agrees to:

1. Provide appropriate supervision, orientation and training and development
2. Provide technical advice and assistance to student volunteers
3. Provide necessary safety equipment for student volunteer tasks
4. Assist with grant applications and facilitate appropriate expenditure of grant funds
5. Provide guidance and advice in supervising programs and projects
6. Establish a clear plan which outlines student volunteer activities and tasks
7. Cover student volunteers for insurance in case of injury outside of their normal placement activities
8. Provide information on organisational changes or new policy decisions relevant to student volunteers
9. Provide an avenue where student volunteers can raise questions, concerns and/ or complaints
10. Encourage and recognise student volunteer efforts and achievements
11. Provide feedback on student volunteering efforts and achievement

**Name:**

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**Signature:**

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**Date:**

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## Confidentiality Agreement

This agreement is applicable to all students and volunteers who undertake a placement/role with angelhands.

All data, materials, knowledge and information generated through, originating from, or having to do with the organisation, or persons associated with our activities, including members and their families, prospective members, other students, volunteers and staff is to be considered privileged and confidential and is not to be disclosed to any third party.

All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages(received or transmitted), resources, contacts, e-mail lists, e-mail messages, client personal details, and staff information is confidential .

This also includes, but is not limited to, any information of, or relating to, our members, clients, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.

Client information, including all file information, is not be disclosed to any third party, under any circumstances, without express evidence of consent by the client, and the terms to which the Committee, has agreed to. Any disclosure, misuse, copying or transmitting of any material, data or information, whether intentional or unintentional, will subject you to disciplinary actions.

I, \_\_\_\_\_ , (name)  
of \_\_\_\_\_ (address)

declare that I have read the above Confidentiality Agreement and understand accept all the terms. I understand that by signing this document I have made a legally binding agreement with the organisation to respect the right to privacy as granted under the *Privacy Act 1988* (Cth)

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Signature of applicant

Date

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Signature of angelhands Representative

Date



*Ambassadors:* Rabia Siddique - Humanitarian, Speaker, Author  
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angelhands requires that your police clearance is dated within 6 months of today's date, if it is not that new, please complete the next page for us to conduct a police check on your behalf at no cost to you.

# Volunteer National Police Certificate Consent Form

The WA Police Volunteer National Police Certificate will display all disclosable court outcomes and may not display spent or rehabilitated convictions.

**angelhands Inc**

**00950**

VOLUNTEER AGENCY

REFERENCE NUMBER (OFFICE USE ONLY)

SECTION A: Applicant Details		
Primary name/ Surname:	Given names:	
Gender:	Date of Birth: / /	
Phone Numbers:	(Mobile)	(Home)
Residential Address (incl. Postcode):		
Have you had a different address in Australia in the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Postal / Previous Address (incl. Postcode):		
Period of Residence:	/ / to	/ /
<b>Previous/Alias/Maiden Names (PLEASE CIRCLE ONE)</b>		
Primary Name/ Surname:	Given names:	
<b>Place Of Birth</b>		
Suburb/Town:	State:	Country:
Additional Information		
Working With Children Card # (PLEASE ATTACH A COPY):	Motor Drivers Licence # (PLEASE ATTACH A COPY):	

SECTION B: Consent and Indemnity	
<p>I certify that I am the applicant named in this form and all details herein provided by me are true and correct. I consent to a check of the records of all Australian Police Jurisdictions and to the acknowledgement of the existence of any court outcomes and/or pending charges being provided to the volunteer organisation as named in this document via a Volunteer National Police Certificate issued in my name.</p> <p>In consideration of the WA Police releasing an acknowledgement of any court outcomes, pending charges and other relevant matters under this application, I hereby indemnify the state of WA, its servants and agents including all members of WA Police against all actions, suits, proceedings, causes of actions, cost, claims and demands whatsoever which may be brought or made against it or them by anybody or person by reason of or arising out of the reason of any details of any court outcomes and other information recorded against my name purporting to either relate to or concern me.</p>	
Volunteer Signature	Date

SECTION C: Volunteer Agency Verification	
<p>I confirm that I have viewed the applicant's ID documents as per the guidelines and verified that the details contained within in this form match the ID.</p> <p>I confirm that I am authorised by my volunteer organisation to submit volunteer checks on their behalf and that will enter only the details contained on this form into the VNPC online application.</p>	
Volunteer Agency Representative Signature	Date

THIS VOLUNTEER NATIONAL POLICE CHECK APPLICATION **ALONG WITH COPIES OF ID DOCUMENTS** PROVIDED MUST BE RETAINED IN A SAFE AND SECURE LOCATION FOR A PERIOD OF 24 MONTHS IN ACCORDANCE OF WA POLICE AUDITING PROTOCOLS.

Document type	Document details/requirements
<b>Primary</b>	<p><b>Please cite one of these documents and one secondary document. Either must contain a photograph.</b></p> <ul style="list-style-type: none"> <li>• Australian Birth certificate</li> <li>• Citizenship certificate</li> <li>• Current passport</li> <li>• Expired passport which has not been cancelled and was current within the preceding two years</li> </ul>
<b>Secondary</b>	<p><b>One of these documents must contain a photograph. Please cite three secondary documents if no Primary document submitted. If the applicant has previous names please provide at least one of these documents in the previous name.</b></p> <ul style="list-style-type: none"> <li>• Driver licence issued by an Australian State or Territory</li> <li>• Licence or permit issued under a law of the Commonwealth, a State or Territory Government - (eg a boat licence)</li> <li>• Identification card issued to a public service employee</li> <li>• Identification card issued by the Commonwealth, a State or Territory Government as evidence of the person's entitlement to a financial benefit</li> <li>• An identification card issued to a student at a secondary or tertiary education institution</li> <li>• A mortgage or other instrument of security held by a financial body</li> <li>• Council rates notice</li> <li>• Land Titles Office record</li> <li>• Marriage certificate (for maiden name only)</li> <li>• Credit card</li> <li>• Foreign driver licence</li> <li>• Medicare card (signature not required on Medicare card)</li> <li>• EFTPOS card</li> <li>• Records of a public utility - phone, water, gas or electricity bill</li> <li>• Records of a financial institution</li> <li>• Electoral roll compiled by the Australian Electoral Commission and available for public scrutiny</li> <li>• Lease/rent agreement</li> <li>• Rent receipt from a licensed real estate agent</li> <li>• Record of a primary, secondary or tertiary education institution attended by you within the last 10 years</li> <li>• Record of professional or trade association of which you are a member</li> </ul>
<p><b>Change of name documents, such as Marriage Certificate, Divorce Papers, or Change of Name Certificate is required if your ID is in multiple names and should be provided to validate previous names.</b></p>	