If you are interested in volunteering with ac.care please complete this *Expression of Interest* *Form*, then either drop it in to one our sites or email it to HR@accare.org.au. One of our staff will be in touch and thank you for your interest in volunteering with ac.care.

**Volunteer personal details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name:** |  | **Home Ph.** |  |
| **First names:** |  | **Mobile Ph.** |  |
| **Preferred name:** |  | **DOB:** |  |
| **Address:** |  | **Postcode:** |  |
| **Email:** |  |
| **Do you have a current Driver’s Licence?** | [ ]  Yes [ ]  No | **Licence No:** |  |
| **Current or previous occupation and any qualifications:** |
|  |
| **Interests/skills/hobbies:** |
|  |
| **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. |
| **Name:** |  | **Phone:** |  | **Relationship:** |  |
| **Name:** |  | **Phone:** |  | **Relationship:** |  |
| **A Working With Children Check is required for all staff and volunteer at ac.care.**  |
| [ ]  Yes, I consent to a Working With Children Check. |
| **Signed:** |  | **Date:** |  |

**Volunteer application process**

The volunteer application and assessment process will involve the following:

* Completion of the Volunteer Expression of Interest Form, returning it to any ac.care location with a copy of a **current resume** (if you have one) or, complete the Form electronically and email it to hr@accare.org.au
* Interview and/or informal discussion e.g. an ac.care staff member will contact you to discuss available positions which may be suited to your skills, experience, availability and interests.
* 2 x Reference Checks conducted.
* Satisfactory Working with Children Check (WWCC) or willingness to obtain in accordance with ac.care policy.
* Child Safe Environment Certificate or willingness to obtain in accordance with ac.care policy.

Thank you for your interest in volunteering with ac.care.

*Smoking is not permitted on ac.care worksites.*

**Volunteer Position Details**

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

|  |  |
| --- | --- |
| **Volunteer Name:** |  |
| **Volunteer Position title:** |  |
| **Program:** |  |
| **Base Site:** |  |
| **Agreed Start Date:** |  |
| **Reports to:** |  |
| **Position description approved by HR:** | [ ]  Yes [ ]  No |
| **Record of Interview :** | [ ]  Yes (Attached) [ ]  No (Request cannot be approved) |
| **Reference check:** | [ ]  Yes (Attached) [ ]  No (Request cannot be approved) |
| **Justification for preferred volunteer:** |  |

**Approval**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **First Line/General Manager (Name)** | **Position** | **Date** |
|  |  |  |
| **Manager HR (Name)** | **Position**  | **Date** |