If you are interested in volunteering with ac.care please download and complete this *Expression of Interest* *Form* electronically and email 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:** |       |
| **Do you have a current WWCC?** | [ ]  Yes [ ]  No | **No:** |       |
| ac.care requires all volunteers, including students undertaking Vocational Placement, to hold a **valid COVID-19 Digital Vaccination Certificate (PDF)** accessed through MyGov/Medicare. If you do not have evidence of a valid COVID-19 vaccination you will not be able to undertake volunteering with ac.care. | Evidence provided:[ ]  Yes [ ]  No | **Document Number:** |       |
| **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 and National Police Check are required for all staff and volunteers at ac.care.**  |
| [ ]  Yes, I consent to a Working With Children Check.[ ]  Yes, I consent to a National Police Check. |
| **Signed:** |       | **Date:** |       |

**Volunteer application process**

The volunteer application and assessment process will involve the following:

* Completion of the Volunteer Expression of Interest Form electronically, with a copy of a **current resume** (if you have one) 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.
* Satisfactory National Police Check or willingness to obtain in accordance with ac.care policy.
* COVID-19 Vaccination Certificate
* 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** |