Form 053 – Volunteer Application Form

Please complete the form below and return it to:

By email to: contactus@grandcarers.au OR **Mail**: Grandcarers SA
c/o Uniting Communities
43 Franklin Street ADELAIDE 5000

Personal Details

Family name: _____ Title: _____

First & middle names: _____

Home address: _____

Suburb: _____ Postcode: _____

Mobile: _____ Other contact number: _____

Email address: _____

Date of birth: _____ Country of birth: _____

Gender: Male Female Rather not say Other (please identify)

Volunteer Background

How did you become aware of volunteering opportunities with Grandcarers SA?

_____

_____

What are your reasons for seeking to volunteer with Grandcarers SA?

_____

_____

What type of volunteer role interests you?

_____

_____

What skills and abilities do you have that are relevant to volunteering? (include any languages you speak)

When are you available to volunteer? (e.g. days, times and start date)

Health Declaration

We have a duty of care to ensure that your health is not impaired by any assigned volunteer role. While completing this section is not compulsory, it is to your benefit to equip us with relevant information to ensure that your role is appropriate to you and to allow us to provide any necessary support.

If you have a medical condition, mental health issue or disability, please describe it below and any assistance we can provide to support you in your volunteering role.

Driving Information

Do you have a driver's licence? YES NO

Class: _____ Licence Number: _____

Screening Clearances

Do you hold a current check for working with children? YES NO

Approval date: _____ Reference ID: _____

Applicant's Declaration

I, (please print full name) _____, declare that to the best of my ability, the information contained in this Volunteer Application form is accurate and correct. I agree to notify Grandcarers SA of any changes to my circumstances that may affect my volunteering role.

Please provide the details of one non-relative referee. If you are unable to provide a referee, please speak with us.

Name of referee:	Phone number:
Email address:	Alternate phone number:

Do you consent to a relevant DHS or criminal record screening if required for your volunteer role? YES NO

_____ _____

Signature Date

Please have your guardian/parent complete this part if you are under 18 years of age

I (please print full name) _____ am the parent/guardian / other (please specify: _____) of the applicant & consent to this application to volunteer.

_____ _____

Signature Date

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Policy Number	026	Version	2.0
Policy Title	Volunteer Management	Approving authority	CEO
Date Approved	*11 Nov 2024*	Review date:	10 Nov 2029