



Break the Cycle Glenquarie Volunteer Application Form

Personal Details					
Title: <i>Circle one or specify other</i>	Mr. Mrs. Ms. or other	Family Name:		Suffix: <i>(e.g. MD)</i>	
First Name:		Middle Name(s):		Preferred Name:	
Street Address:		Suburb/Town:		State:	
				Postcode:	
Postal Address <i>(if different):</i>		Suburb/Town:		State:	
				Postcode:	
Email Address:					
Telephone:	Home:		Mobile:		Work:
Do you have a current Driver's Licence?		Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Tick appropriate box(es) below</i>			

Volunteer Position	
<i>Please provide details of the program or specific volunteer role(s) that you are interested in (in order of preference if there are more than one)</i>	
Program Area: <i>(eg Menshed, ER, NILS)</i>	Volunteer Role:

Availability to Volunteer							
No. Hours/Week:				Start Date:			
Preferred Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>

Skills and Qualifications	
Formal Qualifications: <i>(e.g. Diploma, Degree, Trade Certificate etc.)</i>	
Other Training/Certification: <i>(Eg First Aid Certificate, Advanced Driving etc)</i>	
Computer Skills: <i>(eg Word, Excel, PowerPoint etc)</i>	

Languages (Other Than English)	
<i>(Please indicate whether basic (B), medium (M) or fluent (F) for both spoken and written)</i>	
1.	Spoken: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Written: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
2.	Spoken: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Written: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
3.	Spoken: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Written: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
4.	Spoken: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Written: B <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>

Employment and/or Volunteering History	
Have you worked for Break the Cycle before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What was your most recent volunteer role?	Position: Organisation:



Referees		
<i>Please provide the contact details of two people who are not family members and who are willing to act as referees for your chosen voluntary work position.</i>		
Referee 1	Relationship:	How long have you known this referee?
Name:		
Phone:	Mobile:	Email:
Referee 2	Relationship:	How long have you known this referee?
Name:		
Phone:	Mobile:	Email:

Parental Consent			
<i>This section of the application form must be completed by all applicants 17 years of age and under.</i>			
Parent/Guardian's Name:		Relationship to Applicant:	
Email:		Mobile:	Phone:
I give permission for the applicant to work as a volunteer for Break the Cycle Glenquarie.			
Parent/guardian signature:		Date:	

Medical Information:	
Break the Cycle Glenquarie has a duty of care to protect your health and/or safety while you are a volunteer. Your answers to the following questions will help meet our mutual needs. (Please comment on the impact of the following on work to be	
Do you have an existing medical disability/condition/Injury? Please provide details.	
Do you take any medication that may affect your work? Please provide details	

Working with Children Check:	
<i>The working with Children check is a prerequisite for anyone in child-related work. It involves a national criminal history check. To obtain a WWCC go to http://www.kidsguardian.nsw.gov.au</i>	
Working with Children Check Number (Starts with WWC or AAP)	
Date of Birth (DD/MM/YY)	

Declaration	
<i>Please read each statement and any accompanying information on the "Volunteer application Supplementary Information". Please tick each checkbox to acknowledge your acceptance of each point (below)</i>	
I am applying for volunteer work with Break the Cycle.	
I agree to uphold and work within the mission and values of Break the Cycle while volunteering and representing Break the Cycle	
I agree to maintain the highest standards of confidentiality with respect to any information obtained during the course of my volunteer work.	
I give permission for my image to be captured and used to promote Break the Cycle.	
I declare that the information contained in this application is true and correct.	
I understand that I may be required to participate in an interview and selection process, undertake a reference and background check,	
I understand that I will be required to undertake induction and/or service/program training prior to my commencement.	
Signature:	Date:

Privacy Statement
<i>Your privacy is our priority. Break the Cycle Glenquarie abides by the 1988 privacy act in all its dealings with volunteers and the public. The personal information you have provided will help us process you as a valued volunteer with our organisation and will be treated as confidential. By signing this form you consent to Break the Cycle publishing images taken of you in any publication in various formats including television, newspaper, online, electronic and hardcopy publications, social media and any other way deemed appropriate by BTCG.</i>