

## Volunteer Application / Details Form (Confidential)

**Privacy:** Your application form contains personal information which will be dealt with in accordance with our Privacy Policy. If you are successful in your application, your form will become a volunteer record. If you are unsuccessful, your application form will be destroyed.

### About you

#### Your details

Title: Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other:	Preferred pronouns: She/Her <input type="checkbox"/> He/Him <input checked="" type="checkbox"/> He/They <input type="checkbox"/> She/They <input type="checkbox"/> Other:
Family Name:	KNOX
Given Name: Simon	Preferred Name: Simon

Address: Unit 1  
36 Walanna Drive

Suburb: Karawara State: Postcode: 6152

Home Phone: (08) 9450 2628 Mobile: N/A

Email:  
mystery@socialcommunity.com

#### Language proficiency

- indicate your skill level for each of the languages you are proficient in.

Language	Speaking	Writing	Reading
	<ul style="list-style-type: none"> <li>• <b>Very good</b></li> <li>• Competent</li> <li>• Basic</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Very good</b></li> <li>• Competent</li> <li>• Basic</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Very good</b></li> <li>• Competent</li> <li>• Basic</li> </ul>
1 English ONLY			
2			
3			

See resume and further information from me as you may require.

**Computing** - indicate your skill level for administration tasks.

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Competency	Sending & receiving emails	Accessing the Internet	Knowledge of MS Office	Administration work
• Very good	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
• Competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Availability:

	Monday	Tuesday	Thursday	Friday	Saturday
am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you available to volunteer on public holidays?

YES  NO

Are you available to volunteer during school holidays?

YES  NO

## ALL ABOVE TO BE NEGOTIATED

### Compliance declarations

#### Working rights

Are you an Australian resident or permanent resident?

YES  NO

If not, what visa category do you have?  
I am an Australian citizen

#### National Police Clearance

Do you have a current National Police Clearance? (dated within last six months)

I am willing to obtain a NPC

YES

NO

#### Transport

Valid WA Driver's Licence:

YES

NO

DL Class:

Driver's licence number:

Expiry date:

If no, what type of driver's licence do you have?

Do you own a reliable, roadworthy vehicle?

YES

NO

What type of vehicle insurance cover do you have?

Car rego only

3<sup>rd</sup> party

Comprehensive

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### Health declaration<sup>1</sup>

Do you have any previous or current medical condition/s or restrictions, physical or otherwise, that may affect your ability to perform the requirements of the job (as far as you are aware)?

YES

NO

If YES, please provide details:  
Minor lower back (lumbar) degeneration.  
Sitting or being being prone in one one position for extended periods of time may cause pain in lower back.

### COVID vaccination status

- for reporting purposes only (not mandatory)

~~Not Vaccinated~~ ..... ~~Fully~~

~~Vaccinated~~ ..... ~~Booster-~~

~~Dose~~ ..... ~~Medical Exemption~~

### Alcohol and drug declaration

Do you consume more than two standard drinks of alcohol most days? **NO**

YES

Do you take drugs or prescription medication which may impact your ability to drive?

YES

**NO**

If YES, please provide details:

### Criminal convictions declaration

Do you have any current convictions for any offences from any court (in the past five years), or are you currently the subject of any charge pending before any court? **NO**

YES

NO

*1 Important Note: Disclosure of a medical condition or restriction is not a barrier to potential offer of employment. Please indicate any health/medical conditions which may require special consideration.*

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If yes, please provide details:

### Professional Referees- one referee should be a direct supervisor within the last 12 months:

**Name:**

Praveen Pillai

**Organisation:**

Inciteability

**Email:** praveen@inciteability.com.au

**Ph:** 0413 375 578

**Name:**

**Organisation:**

**Email:**

### Declaration by applicant

- I understand that any misrepresentation of facts in this application could be cause for termination.
  - I consent to any reference checks which may be necessary to support this application.
  - I understand Umbrella Multicultural Community Care Services Inc. reserves the right to verify my passport, visa, driver's licence, de-merit points and National Police Clearance details.
  - I consent to Umbrella Inc conducting independent verifications.
- I hereby declare that the information contained in this application is, to the best of my knowledge, true and correct.

Signature

*Simon Knox*



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**Please send this completed form, together with your resume and cover letter, to:**  
[recruitment@umbrellacommunitycare.com.au](mailto:recruitment@umbrellacommunitycare.com.au)