



Wirraminna care

APPLICATION FOR VOLUNTEER WORK

PART 1.

First Names: _____ Surname: _____

Residential Address: _____

Postal Address: _____

Date of Birth: _____

Phone Numbers: Home: _____ Mobile: _____

Email: _____

In the case of an emergency, who would we contact?

Name: _____ Relationship to You: _____

Address: _____

Phone: _____

ID Sighted: Drivers Licence Other

National Police Certificate: Sighted original

PART 2.

Areas of interest: _____

Availability: _____

PART 3 : WORK HEALTH AND SAFETY

NOTE:

The South Australian *WHS regulations* require all employers to ensure that persons are (as far as is reasonably practicable) kept safe from any injuries that might occur while they are at a work place. This is often called the “*duty of care*”.

Not only do we have a duty of care, but our employees/volunteers/contractors also have a duty of care. The South Australian *Act* requires all employees/volunteers/contractors to ensure (as far as is reasonably practicable) that they do not expose themselves to a risk of injury while they are at work.

Our duty of care requires us to find out whether any of our employees or volunteers has particular conditions which might require us to take special steps to ensure we comply with our duty of care.

In order to comply with our duty of care, please provide the following information as accurately as you can. The information sought will not be used for any improper purposes, such as discrimination because a person is handicapped.

1. Have you ever worked in an occupation where you have been exposed to or have suffered any back, neck or muscle strain? YES / NO

2. If so, provide details.

3. Have you ever claimed workers compensation? YES / NO
If so, provide the following details:

4. Name of employer _____

5. Contact number for that employer _____

6. Injury (or injuries) for which claim was made? _____

7. Has this claim been completely resolved? _____

8. Are you claiming (or have you claimed) compensation for any permanent disability arising out of this injury? _____

9. If so, provide details.

MEDICAL HISTORY

It is important the following questions are answered as accurately as possible. We can't provide a safe work environment if we are unaware of particular conditions that might make you more susceptible than others to workplace hazards.

10. Do you suffer from or have you ever suffered from an illness, disability or medical condition affecting your:

<input type="checkbox"/>	yes/no	<input type="checkbox"/>	shoulders	Yes/no
<input type="checkbox"/> chest	yes/no	<input type="checkbox"/>	fingers	Yes/no
<input type="checkbox"/> legs	yes/no	<input type="checkbox"/>	nose	Yes/no
<input type="checkbox"/> neck	yes/no	<input type="checkbox"/>	stomach	Yes/no

11. If so, provide details

12. Do you suffer from or have you ever suffered from:

<input type="checkbox"/> Rupture	yes/no	<input type="checkbox"/> blood pressure	Yes/no
<input type="checkbox"/> hernia	yes/no	<input type="checkbox"/> asthma	Yes/no
<input type="checkbox"/> bronchitis	yes/no	<input type="checkbox"/> dermatitis	Yes/no
<input type="checkbox"/> tuberculosis	yes/no	<input type="checkbox"/> broken limbs	Yes/no

13. If so, give details

14. Have you ever suffered any illnesses or conditions other than those listed above?

If so, give details

Declaration

I, declare that I have read and understood the contents of this application for volunteer work I declare that all of the information provided in this application is true and correct. I understand that if I have provided wrong information in this application, it could lead to instant dismissal from this placement at Wirraminna Care.

I understand that I will need to provide Wirraminna Care with a National Police Certificate [under 3 years of age] and will need to complete a full orientation to my volunteering role prior to formally commencing as a volunteer of Wirraminna Care.

Signature of Applicant Date:

Signature of Witness Date: